PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_AL		
Instrument Ser	ial No. <u>008883</u> 109 5. Ma	1plo & GRAHAM, NE
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	inch (psi) of pressure, or the alcoholic ree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first.	
were performe	the	g preventive maintenance procedures ions of the N.C. Department of Health
APRIL 12 1776 SEE QUAM VIDE	Smon Adas Braces	662
	Signature of Certifying Official	Certificate Number

ALAMANCE COUNTY JAIL 000

Serial Number: 008853 Test Date: 02/06/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:44am
AIR BLK	.00	10:45am
ACCY CHK	.08	10:45am
AIR BLK	.00	10:47am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:50am
ATR BLK	.00	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Sum Stokes Sures

ALAMANCE COUNTY JAIL 000

Serial Number: 008853 Test Record Number: 4484 Test Date: 02/06/2024 Test Time: 10:52am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
BT	Pass	10:52am

Blank Tests

Test	Status	Time
AIR	Pass	10:53am

Printer Tests

Test	Status	Time
PRNT	Pass	10:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:53am

Preventive Maintenance Status: Pass

Pass

10:53am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County AL	AMANCE Instrument Location Alguage	TAIL
Instrument Se	erial No. 008913 109 S. MAP	6 57 Graham, NC
The prevention		
serial number	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and More 10,000 or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square incorporate breath simulator thermometer shows 34 degrees, plus or minus .2 degree	ch (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "F	ass"; and
(10)	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	ion data on the alast 1' 1
I certify that on were performed and Human Ser	n the day of February, 20 24 the forgoing pred on the instrument indicated above, in accordance with current regulations revices, and the instrument is functioning properly.	eventive maintenance procedures of the N.C. Department of Health
The STATE OF THE S	TORMA CAROLINA A I	
SEE QUAM VICEN	Somm Stokes Somes	662
	Signature of Certifying Official	Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 02/06/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:45am
AIR BLK	.00	10:46am
ACCY CHK	.07	10:46am
AIR BLK	.00	10:48am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 5293 Test Date: 02/06/2024 Test Time: 10:52am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:53am
FLO	Pass	10:53am
FC	Pass	10:53am

Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

Blank Tests

Test	Status	Time
AIR	Pass	10.53am

Printer Tests

Test	Status	Time
PRNT	Pass	10:53am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:54am 10:54am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ALEXA WER Instrument Location ALEXA USER Co. 8.0.
Instrument Serial No. 008813 TANCOPSINE ALL
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2) Verify instrument displays time and date;
(3) Initiate breath test sequence;
(4) Enter information as prompted;
(5) Verify instrument accuracy;
(6) When "PLEASE BLOW" appears, collect breath sample;
(7) When "PLEASE BLOW" appears, collect breath sample;
(8) Print test record;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the 25 day of, 2025 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
STATE COLOR
Signature of Certifying Official Certificate Number

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Date: 02/20/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Tina S Permit Number: 0027-4970

Effective: 07/01/2022-07/01/2024

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:10am 10:11am 10:11am 10:13am 10:14am 10:15am 10:16am 10:17am
		· · · / alli

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Record Number: 2336 Test Date: 02/20/2024 Test Time: 10:18am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:18am
FLO	Pass	10:18am
FC	Pass	10:18am

Temperature Tests

Test	Status	Time
FC1	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10:18am

Blank Tests

Test	Status	Time
AIR	Pass	10:19am

Printer Tests

Test	Status	Time
PRNT	Pass	10:19am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:19am

Pass

10:19am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_A	Instrument Location ANSON COUNTY
Instrument Seri	al No. 008597 SHERIFFS OFFICE
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	ARTICARO DE LA CARONA DEL CARONA DE LA CARONA DEL CARONA DE LA CARONA DELA CARONA DE LA CARONA DE LA CARONA DE LA CARONA DEL CARONA DE LA CARONA DELA CARONA DEL CARONA DEL CARONA DE LA CARONA DEL CARONA DEL CARONA
OF QUAM VIDES	Signature of Certifying Official Certificate Number

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Date: 02/22/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911.

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	1:39pm
AIR BLK	.00	1:40pm
ACCY CHK	.07	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

Reported AC: .00 g/210L
Signature of Chemical Apalyst

Court CVR

Analyst

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Record Number: 1909 Test Date: 02/22/2024

Test Time: 1:46pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

Blank Tests

Test	Stati	ıs Time
AIR	Pass	1 · 48pm

Printer Tests

Pass 1:48pm

Test	Status	Time
PRNT	Pass	1:48pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:48pm
CAL	Pass	1:48pm

Preventive Maintenance Status: Pass

Analyst <

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	ANSON Instrument Location ANSON COUNTY
Instrument Ser	ial No. 008739 SHERIFF'S OFFICE
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of, 20 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF THE STATE	
	Signature of Certifying Official Certificate Number

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Date: 02/22/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
AIR BLK	- 00	1 • 46pm

Reported

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

Analyst2

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Record Number: 970 Test Date: 02/22/2024

Test Time: 1:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test Status Time

AIR Pass 1:49pm

Printer Tests

Test Status Time

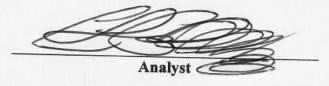
PRNT Pass 1:49pm

CRC Tests

Test Status Time

COMP Pass 1:49pm CAL Pass 1:49pm

Preventive Maintenance Status: Pass



PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, M 0,000 or higher) to be followed at least once even		/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at leabreath simulator thermometer shows 34 degree		ssure, or the alcoholic
(2)	Verify instrument displays time and date;	*	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect broad	eath sample;	
(7)	When "PLEASE BLOW" appears, collect broad	eath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm prevent	ive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is bei simulator solution is being changed every whichever occurs first.		
were performe	the 15 day of FEBRUARY don the instrument indicated above, in accordary vices, and the instrument is functioning properly	ice with current regulations of the N.C.	intenance procedures Department of Health

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Date: 02/15/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 0014-6279 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	2:06pm
AIR BLK	.00	2:07pm
ACCY CHK	.08	2:08pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:13pm
ATR BLK	.00	2:14pm

Reported AC: .00 g/210L

Court CVR

Che Ry Bus Analyst

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Record Number: 5714 Test Date: 02/15/2024 Test Time: 2:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:14pm
FLO	Pass	2:14pm
FC	Pass	2:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:15pm
SRC	Pass	2:15pm
DET	Pass	2:15pm
BAR	Pass	2:15pm
BT	Pass	2:15pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:15pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	2:16pm
CAL	Pass	2:16pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

BRUNSWICK Instrument Location BRUNGWICK COUNTY
maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date:
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.



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signature of Certifying Official

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BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Date: 02/15/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	2:14pm
AIR BLK	.00	2:15pm
ACCY CHK	.07	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

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Rev. 12/2007

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Record Number: 5463 Test Date: 02/15/2024 Test Time: 2:21pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:21pm
FLO	Pass	2:21pm
FC	Pass	2:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:21pm
SRC	Pass	2:21pm
DET	Pass	2:21pm
BAR	Pass	2:21pm
BT	Pass	2:21pm

Blank Tests

Test	Status	Time
AIR	Pass	2:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:22pm

Preventive Maintenance Status: Pass

Pass

CAL

2:22pm

ala Ry Ben Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	al No. 008648 POLICE DEPT
The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 15 day of FEBRUARY, 2024 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 02/15/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	12:27pm
AIR BLK	.00	12:28pm
ACCY CHK	.07	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1917
Test Date: 02/15/2024 Test Time: 12:36pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:36pm
FLO	Pass	12:36pm
FC	Pass	12:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:36pm
SRC	Pass	12:36pm
DET	Pass	12:36pm
BAR	Pass	12:36pm
BT	Pass	12:36pm

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:37pm
CAT	Dace	12.27nm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Ser	ial No. 008787		LELAMD POLICE	DEPT
The preventive serial number	maintenance procedures for the Into 0,000 or higher) to be followed at lea	ximeters, Model Into	ox EC/IR II and Model Intomonths are:	c EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister di breath simulator thermometer sho	isplays at least 51 po ows 34 degrees, plus	ounds per square inch (psi) o or minus .2 degree centigrad	f pressure, or the alcoholic de;
(2)	Verify instrument displays time a	and date;		
(3)	Initiate breath test sequence;			
(4)	Enter information as prompted;			
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appear	s, collect breath sam	ple;	
(7)	When "PLEASE BLOW" appear	s, collect breath sam	ple;	
(8)	Print test record;			
(9)	Run diagnostic program and conf	irm preventive main	itenance status of "Pass"; and	d
(10)	Verify that the ethanol gas car simulator solution is being char whichever occurs first.	nister is being chan nged every four mo	iged before expiration date onths or after 125 Alcoholi	, or the alcoholic breath c Breath Simulator tests,
I certify that on were performed and Human Ser	the 15 day of FEBRU. I on the instrument indicated above, vices, and the instrument is functioning	in accordance with ng properly.	4 the forgoing preventive current regulations of the N	maintenance procedures

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Date: 02/15/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	10:04am
AIR BLK	.00	10:05am
ACCY CHK	.07	10:05am
AIR BLK	.00	10:06am
SUB TEST	.00	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Record Number: 1201
Test Date: 02/15/2024 Test Time: 10:13am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:14am
FLO	Pass	10:14am
FC	Pass	10:14am

Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
BT	Pass	10:14am

Blank Tests

Test	Status	Time	
ATR	Pass	10:14am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:15am
CAL	Pass	10:15am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Dames Instrument Location Cabames County 80
Instrument Serial	No. 008792 Concard, Nt.
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the were performed of and Human Servi	the <u>John</u> day of <u>February</u> , 20,24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
A CHE STATE ON O	S M. 4. M. M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792 Test Date: 02/22/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:10pm 12:11pm 12:12pm 12:13pm 12:15pm 12:16pm
SUB TEST	.00	12:17pm
ATR BLK	.00	12:18pm

1010-

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792 Test Record Number: 4246
Test Date: 02/22/2024 Test Time: 12:21pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:21pm
FLO	Pass	12:21pm
FC	Pass	12:21pm

Temperature Tests

Test	Status	Time
SRC DET DEAR	Pass Pass Pass Pass Pass	12:21pm 12:21pm 12:21pm 12:21pm 12:21pm

Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:22pm

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County CAL	BARRUS Instrument Location BAT MOBILE REGION 3 No. 008869 CONCORD PD
Instrument Serial	No. 008869 CONCORD PD
The preventive maserial number 10,0	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed o	the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
THE STATE OF THE S	M.C. Flan 676

CABARRUS COUNTY BAT MOBILE REGION 3 120

> Serial Number: 008869 Test Date: 02/23/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: Unknown

Analyst's Name: Fleming, Marshall C
Permit Number: 0027-5012

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302704 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:37pm
AIR BLK	.00	8:38pm
ACCY CHK	.07	8:39pm
AIR BLK	.00	8:40pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm
SUB TEST	.00	8:43pm
AIR BLK	.00	8:44pm

Reported AC: .00 g/210L

MC. Flandsignature of Chemical Analyst

Court CVR

MC 76)
Analyst

CABARRUS COUNTY BAT MOBILE REGION 3 120

Serial Number: 008869 Test Record Number: 1775
Test Date: 02/23/2024 Test Time: 8:49pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:49pm
FLO	Pass	8:49pm
FC	Pass	8:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:49pm
SRC	Pass	8:49pm
DET	Pass	8:49pm
BAR	Pass	8:49pm
BT	Pass	8:49pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:50pm	

Printer Tests

Test	Status	Time	
PRNT	Pass	8:50pm	

CRC Tests

Status	Time	
Pass Pass	8:50pm 8:50pm	
	Pass	

Preventive Maintenance Status: Pass

m. c. fl.

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County CAB	ARRUS	Instrument Location_	BAT	MOBILE	REGION	3
Instrument Serial	No. 008898	_		MOBILE KANNAPOLI	s PD	
The preventive m serial number 10,	aintenance procedures for the	e Intoximeters, Model In at least once every four	ntox EC/IF	II and Model In	tox EC/IR II (E	Inhanced with
(1)	Verify the ethanol gas canis breath simulator thermomet	ster displays at least 51 p ter shows 34 degrees, plu	ounds per is or minu	square inch (psi) s .2 degree centig	of pressure, or grade;	the alcoholic
(2)	Verify instrument displays	time and date;				
(3)	Initiate breath test sequence	;				
(4)	Enter information as promp	ted;				
(5)	Verify instrument accuracy					
(6)	When "PLEASE BLOW" a	ppears, collect breath sa	mple;			
(7)	When "PLEASE BLOW" a	ppears, collect breath sa	mple;			
(8)	Print test record;					
(9)	Run diagnostic program and	d confirm preventive ma	intenance	status of "Pass";	and	
(10)	Verify that the ethanol gasimulator solution is being whichever occurs first.					
I certify that on the were performed of and Human Service	ne 21 day of FEB on the instrument indicated a ces, and the instrument is fun	bove, in accordance wit	the the	forgoing prevent regulations of the	ive maintenance N.C. Departm	e procedures nent of Health
WE STATE OF THE PROPERTY OF TH	SAROL TO	n.c. Han			676	
		Signature of Certifying	Official	ang kalagi Artigusa (1.5	Certificate N	umber

CABARRUS COUNTY BAT MOBILE REGION 3
120

Serial Number: 008898 Test Date: 02/21/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C
Permit Number: 0027-5012
Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG AIR BLK	Pass	9:06pm 9:07pm
ACCY CHK	.07	9:08pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:14pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE REGION 3 120

Serial Number: 008898 Test Record Number: 1786
Test Date: 02/21/2024 Test Time: 9:17pm EST

System Check: Passed

Baseline Tests

Status	Time
Pass	9:17pm
Pass	9:17pm
Pass	9:17pm
	Pass Pass

Temperature Tests

Status	Time
Pass	9:17pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	9:18pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:18pm
	CRC Tests	

	a.	
Test	Status	Time

COMP	Pass	9:18pm
CAL	Pass	9:18pm

Preventive Maintenance Status: Pass

M. C. Jeles Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_	CAE	3 ARRUS	Instrument Location_	BAT	MOBILE	REGION	3
Instrumer	nt Serial N	3 ARRUS 10. 00 8898	Instrument Location_		CONCORD	PD	
	1.5						
The preve	entive mai	intenance procedures for th 00 or higher) to be followed	e Intoximeters, Model In I at least once every four	tox EC/IR months are	II and Model Int	ox EC/IR II (Er	nhanced with
(1	1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 51 p ter shows 34 degrees, plu	ounds per s s or minus	square inch (psi) .2 degree centign	of pressure, or rade;	the alcoholic
(2	2)	Verify instrument displays	time and date;				
(3	3)	Initiate breath test sequence	e;				
(4	4)	Enter information as promp	oted;				
(:	5)	Verify instrument accuracy;					
(6	6)	When "PLEASE BLOW" appears, collect breath sample;					
(7	7)	When "PLEASE BLOW" appears, collect breath sample;					
3)	3)	Print test record;					
(9	9)	Run diagnostic program an	d confirm preventive mai	intenance st	tatus of "Pass"; a	and	
(1		Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being cha g changed every four m	anged before	re expiration da after 125 Alcoho	te, or the alco olic Breath Sin	holic breath nulator tests,
were perf	formed on	23 day of FEE the instrument indicated as, and the instrument is fur	bove, in accordance with	the fo	orgoing preventing	ve maintenance N.C. Departme	procedures ent of Health
37 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IATE O TO						
THE CASE	AM VILEDAY AM VILEDAY	n	1.c. Flen	1		676	
			Signature of Certifying C	fficial		Certificate Nu	mber

CABARRUS COUNTY BAT MOBILE REGION 3
120

Serial Number: 008898 Test Date: 02/23/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	8:24pm
AIR BLK	.00	8:26pm
ACCY CHK	.07	8:26pm
AIR BLK	.00	8:27pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:32pm
ATR BLK	.00	8:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MC the

CABARRUS COUNTY BAT MOBILE REGION 3 120

Serial Number: 008898 Test Record Number: 1793 Test Date: 02/23/2024 Test Time: 8:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:34pm
FLO	Pass	8:34pm
FC	Pass	8:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:34pm
SRC	Pass	8:34pm
DET	Pass	8:34pm
BAR	Pass	8:34pm
BT	Pass	8:34pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:35pm	
AIK	rass	0:33	

Printer Tests

Test	Status	Time
PRNT	Pass	8:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:35pm 8:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County CAC	Instrument Location CAUNICEL CO JAIL
Instrument Seria	11 No. 008719 LENDIZ, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were performed	the CS day of FERDIALT, 2024 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal vices, and the instrument is functioning properly.
THE STATE OF A STATE O	
GLAN VILLE	Signature of Certifying Official Certificate Number
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A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 02/08/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Tina S
Permit Number: 0027-4970
Effective:
07/01/2022-07/01/2024

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:24am 11:25am 11:25am 11:27am 11:28am 11:29am 11:30am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 3268
Test Date: 02/08/2024 Test Time: 11:39am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

Blank Tests

Test	Status	Time
AIR	Pass	11:41am

Printer Tests

Test	Status	Time
PRNT	Pass	11:41am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:41am
CAL	Pass	11:41am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cau	AUGU Instrument Location Carbure	ELL CO. JAIL
Instrument Seria	1No. 608803 LENGUE	- NC
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and ,000 or higher) to be followed at least once every four months are:	I Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first.	
were performed	the <u>08</u> day of <u>FERRITIAN</u> , 20 <u>21</u> the forgoing on the instrument indicated above, in accordance with current regulations, and the instrument is functioning properly.	g preventive maintenance procedures ions of the N.C. Department of Health
STATE ON	AH CARON	
TO QUAN VIEW	Jun & Stemme	Le4to
	Signature of Certifying Official	Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 02/08/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Tina S Permit Number: 0027-4970

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	11:25am 11:26am 11:26am 11:28am 11:28am 11:29am 11:31am 11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 818
Test Date: 02/08/2024 Test Time: 11:39am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

Blank Tests

Test	Status	Time
AIR	Pass	11:40am

Printer Tests

Test	Status	Time
PRNT	Pass	11:40am

CRC Tests

Test	Status	Time
COMP	Pass	11:41am
CAL	Pass	11:41am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	al No. 008731 Instrument Location MOZEHEAD CITY POLICE DEPT
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	12 5-2221 21
were performe	the <u>12</u> day of <u>FE BRUARY</u> , 20 <u>24</u> the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 02/12/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

m +	-/21AT	III di mano
Test	g/210L	Time

DIAG	Pass	6:16pm
AIR BLK	.00	6:17pm
ACCY CHK	.08	6:17pm
AIR BLK	.00	6:19pm
SUB TEST	.00	6:19pm
AIR BLK	.00	6:20pm
SUB TEST	.00	6:22pm
AIR BLK	.00	6:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 2594
Test Date: 02/12/2024 Test Time: 6:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:23pm
FLO	Pass	6:23pm
FC	Pass	6:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:24pm
SRC	Pass	6:24pm
DET	Pass	6:24pm
BAR	Pass	6:24pm
BT	Pass	6:24pm

Blank Tests

Test	Status	Time
AIR	Pass	6:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:24pm
	CRC Tests	
mide	ak-ku-	ma ma

Test	Status	Time
COMP	Pass	6:24pm
CAL	Pass	6:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County CAS	Jell Instrument Location Caswell 6	Daterfrom Gre
Instrument Seri	al No. 008593 211 County	Park Ro
	Yanceyulle	NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	inch (psi) of pressure, or the alcoholic ree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first.	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
were performed	the	g preventive maintenance procedures ions of the N.C. Department of Health
THE STATE OF THE PARTY OF THE P	Simm Ades Barus	662
	Signature of Certifying Official	Certificate Number

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 02/06/2024

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	8:42am
AIR BLK	.00	8:43am
ACCY CHK	.07	8:44am
AIR BLK	.00	8:45am
SUB TEST	.00	8:46am
AIR BLK	.00	8:46am
SUB TEST	.00	8:48am
AIR BLK	.00	8:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Sman Alex Brance

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 2173
Test Date: 02/06/2024 Test Time: 8:49am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:50am
FLO	Pass	8:50am
FC	Pass	8:50am

Temperature Tests

Test	Status	Time
FC1	Pass	8:50am
SRC	Pass	8:50am
DET	Pass	8:50am
BAR	Pass	8:50am
BT	Pass	8:50am

Blank Tests

Test	Status	Time
AIR	Pass	8:50am

Printer Tests

Test	Status	Time
PRNT	Pass	8:50am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:51am

Preventive Maintenance Status: Pass

Pass

8:51am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cas	Instrument Location CASWell Co. Defendion CAR
Instrument Seri	ial No. 008873 211 County Park Ro
	Yanceyully NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the
PARE CIAM VIEW	Sum Ades Brues 642
	Signature of Certifying Official Certificate Number

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008873 Test Date: 02/20/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	6:43am
AIR BLK	.00	6:44am
ACCY CHK	.07	6:44am
AIR BLK	.00	6:45am
SUB TEST	.00	6:46am
AIR BLK	.00	6:47am
SUB TEST	.00	6:48am
AIR BLK	- 00	6:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CASWELL COUNTY DETENTION CENTER 160

Test Record Number: 2195 Serial Number: 008873

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:50am
FLO	Pass	6:50am
FC	Pass	6:50am

Temperature Tests

Test	Status	Time
FC1	Pass	6:50am
SRC	Pass	6:50am
DET	Pass	6:50am
BAR	Pass	6:50am
BT	Pass	6:50am

Blank Tests

Test	Status	Time
AIR	Pass	6:51am

Printer Tests

Test	Status	Time
PRNT	Pass	6:51am
	CRC Tests	
Test	Status	Time
COMP	Pass	6:51am
CAL	Pass	6:51am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	, ,
County O	tawba Instrument Location Catawba County 80
Instrument Serial	No. 008687 Newton, NC
The preventive m serial number 10,0	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 2000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on th were performed o and Human Service	n the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
ON STATE ON	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of

Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Date: 02/27/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:55pm 12:56pm 12:57pm 12:58pm 12:59pm 12:59pm 1:01pm
		-
ATR BLK	.00	1:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Record Number: 3835
Test Date: 02/27/2024 Test Time: 1:02pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:03pm
FLO	Pass	1:03pm
FC	Pass	1:03pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	1:03pm 1:03pm 1:03pm 1:03pm 1:03pm
DI	Pass	1.03pm

Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:04pm
CAL	Pass	1:04pm

Preventive Maintenance

A Status: Pass

11

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	olymbus Instrument Location BAT Mobile Unit 5
Instrument Seria	INO. 00 8575 Columbus County So
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alsoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the Sth day of February, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
AND STATE OF ANY 20 172 ANY 20 17	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008575 Test Date: 02/08/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	8:35pm
AIR BLK	.00	8:36pm
ACCY CHK	.08	8:37pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:41pm
AIR BLK	.00	8:42pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008575 Test Record Number: 1427 Test Date: 02/08/2024 Test Time: 8:53pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:53pm
FLO	Pass	8:54pm
FC	Pass	8:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:54pm
SRC	Pass	8:54pm
DET	Pass	8:54pm
BAR	Pass	8:54pm
BT	Pass	8:54pm

Blank Tests

Test	Status	Time
AIR	Pass	8:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:54pm
	CRC Tests	
Test	Status	Time

COMP Pass 8:55pm CAL Pass 8:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Columbus In	strument Location	BAT	Mobile Sus Con	Unit	5
Instrument S	erial No. 608616	_(Colum	Sus Coi	unty S	<u> </u>
The prevent serial number	ive maintenance procedures for the Inter or 10,000 or higher) to be followed at le	east once every four i	nonths are.			
(1)	Verify the ethanol gas canister of breath simulator thermometer sh	lisplays at least 51 po nows 34 degrees, plus	ounds per squ or minus .2	are inch (psi) of pr degree centigrade;	essure, or the a	Icoholic
(2)	Verify instrument displays time	and date;				
(3)	Initiate breath test sequence;					
(4)	Enter information as prompted;				,	
(5)	Verify instrument accuracy;					
(6)	When "PLEASE BLOW" appea	rs, collect breath sam	nple;			
(7)	When "PLEASE BLOW" appea	rs, collect breath sam	nple;			
(8)	Print test record;					
(9)	Run diagnostic program and cor	nfirm preventive mair	ntenance statu	is of "Pass"; and		
(10)	Verify that the ethanol gas ca simulator solution is being cha whichever occurs first.					
were perform	on the 8th day of February day of February day of Services, and the instrument is function	, in accordance with	the forgo	oing preventive m lations of the N.C.	aintenance pro Department o	cedures f Health
STATION OF					C.I.I.	
A Same	Sign	ture of Certifying Of	fficial		SLJ ificate Number	

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008616 Test Date: 02/08/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	8:17pm
AIR BLK	.00	8:18pm
ACCY CHK	.08	8:19pm
AIR BLK	.00	8:20pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:23pm
AIR BLK	.00	8:24pm

Reported AC: .00 g/210

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008616 Test Record Number: 2820 Test Date: 02/08/2024 Test Time: 8:25pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:25pm
FLO	Pass	8:25pm
FC	Pass	8:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:25pm
SRC	Pass	8:25pm
DET	Pass	8:25pm
BAR	Pass	8:25pm
BT	Pass	8:25pm

Blank Tests

Test	Status	Time
AIR	Pass	8:26pm

Printer Tests

Status Time

8:26pm

Test

CAL

PRNT	Pass	8:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:26pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County C	olumbus Instrument Location BAT Mobile Unit S
Instrument Serial	No. 008707 Instrument Location BAT Mobile Unit S Columbus County So
The preventive maserial number 10,0	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed or	the instrument indicated above, in accordance with current regulations of the N.C. Department of Healtheses, and the instrument is functioning properly.
 THE STATE OF THE S	684
W. 1932.333	Signature of Certificing Carried Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008707 Test Date: 02/08/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	8:16pm
AIR BLK	.00	8:17pm
ACCY CHK	.08	8:17pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:19pm
AIR BLK	.00	8:20pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm

Reported AC:

g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008707 Test Record Number: 2816
Test Date: 02/08/2024 Test Time: 8:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:24pm
FLO	Pass	8:24pm
FC	Pass	8:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:24pm
SRC	Pass	8:24pm
DET	Pass	8:24pm
BAR	Pass	8:24pm
BT	Pass	8:24pm

Blank Tests

Test	Status	Time
AIR	Pass	8:25pm

Printer Tests

Test	Status	Time
	CRC Tests	
PRNT	Pass	8:25pm
Test	Status	Time

	Doucub	TIME
COMP	Pass	8:25pm
CAL	Pass	8:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

nstrument Seri	al No. 008901	DETENTION	CENTER
	maintenance procedures for the Intoxi 0,000 or higher) to be followed at least	meters, Model Intox EC/IR II and Model Int tonce every four months are:	ox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister disp breath simulator thermometer show	plays at least 51 pounds per square inch (psi) is 34 degrees, plus or minus .2 degree centigr	of pressure, or the alcoholic ade;
(2)	Verify instrument displays time an	d date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears,	collect breath sample;	
(7)	When "PLEASE BLOW" appears,	collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confir	m preventive maintenance status of "Pass"; a	nd
(10)	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ster is being changed before expiration dated every four months or after 125 Alcohol	te, or the alcoholic breath lic Breath Simulator tests,
certify that on were performed and Human Ser	vices, and the instrument is functioning	the forgoing preventive accordance with current regulations of the g properly.	e maintenance procedures N.C. Department of Health
No.	I Chan Ra	1	1110

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008901 Test Date: 02/20/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400301

Exp Date: 01/03/2026

Test g/210L Time

DIAG 3:32pm Pass

.00 AIR BLK 3:33pm ACCY CHK .08 3:33pm

AIR BLK .00 3:35pm

SUB TEST .00 3:35pm

AIR BLK .00 SUB TEST .00 3:36pm

3:38pm

AIR BLK .00 3:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008901 Test Record Number: 1690
Test Date: 02/20/2024 Test Time: 3:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	3:41pm	
FLO	Pass	3:41pm	
FC	Pass	3:41pm	

Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm

Blank Tests

Test	Status	Time
AIR	Pass	3:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:42pm

CAL Pass 3:42pm

Preventive Maintenance Status: Pass

alu Ry Bens Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	al No. 008917	nstrument Location_	DETENTION	COUNTY
Instrument Seri	al No. DOD ///	-	DE TENTION	CERTER
The preventive serial number 1	maintenance procedures for the In 0,000 or higher) to be followed at	toximeters, Model In least once every four	tox EC/IR II and Model Into months are:	x EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister breath simulator thermometer s	displays at least 51 p shows 34 degrees, plu	ounds per square inch (psi) o s or minus .2 degree centigra	f pressure, or the alcoholide;
(2)	Verify instrument displays tim	e and date;		
(3)	Initiate breath test sequence;			
(4)	Enter information as prompted	;		
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appe	ears, collect breath san	nple;	
(7)	When "PLEASE BLOW" appe	ars, collect breath san	nple;	
(8)	Print test record;			
(9)	Run diagnostic program and co	onfirm preventive mai	ntenance status of "Pass"; an	d
(10)	Verify that the ethanol gas of simulator solution is being cl whichever occurs first.	canister is being cha nanged every four m	nged before expiration date onths or after 125 Alcoholi	, or the alcoholic breath c Breath Simulator tests,
I certify that on were performed and Human Ser	the 19 day of FEBR on the instrument indicated above vices, and the instrument is function	ve, in accordance with	24 the forgoing preventive a current regulations of the N	maintenance procedures I.C. Department of Health
OLIVI VICE		ature of Certifying O		טדט

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008917 Test Date: 02/19/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	10:46am
AIR BLK	.00	10:47am
ACCY CH	K .07	10:47am
AIR BLK	.00	10:49am
SUB TES	T .00	10:49am
AIR BLK	.00	10:50am
SUB TES	T .00	10:52am
AIR BLK	.00	10:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008917 Test Record Number: 1212 Test Date: 02/19/2024 Test Time: 10:54am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:55am
FLO	Pass	10:55am
FC	Pass	10:55am

Temperature Tests

Test	Status	Time
FC1	Pass	10:55am
SRC	Pass	10:55am
DET	Pass	10:55am
BAR	Pass	10:55am
BT	Pass	10:55am

Blank Tests

Test	Status	Time
AIR	Pass	10:55am

Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:56am
CAL	Pass	10:56am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Co	unty Cr	in u e p	Instrument Locatio	BAT mobile	rust 7
Ins	trument Seri	al No. 00% 600	_	Claver 50	The state of the s
The	e preventive ial number 1	maintenance procedures for t 0,000 or higher) to be followed	the Intoximeters, Model ed at least once every fo	Intox EC/IR II and Model I ur months are:	Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas car breath simulator thermom	nister displays at least 51 leter shows 34 degrees, p	pounds per square inch (polus or minus .2 degree cent	si) of pressure, or the alcoholic igrade;
	(2)	Verify instrument displays			
	(3)	Initiate breath test sequence	ce;		
1	(4)	Enter information as prom	npted;		
	(5)	Verify instrument accurac	y;		
	(6)	When "PLEASE BLOW"	appears, collect breath s	ample;	
	(7)	When "PLEASE BLOW"	appears, collect breath s	ample;	
	(8)	Print test record;			
	(9)	Run diagnostic program ar	nd confirm preventive m	aintenance status of "Pass";	and
	(10)	Verify that the ethanol g	gas canister is being cl	nanged before avaination	date, or the alcoholic breath holic Breath Simulator tests,
went	e performed	he 16 day of Febron the instrument indicated a ices, and the instrument is fur	above in accordance wi	the forgoing preventh current regulations of the	tive maintenance procedures e N.C. Department of Health
5	O THE STATE OF A				
3		I C			
18			1		
0	STR QUAM VIDER	_21	and		665
			Signature of Certifying	Official	Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 7 240

Serial Number: 008600 Test Date: 02/16/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG38004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	9:17pm
AIR BLK	.00	9:18pm
ACCY CHK	.08	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:24pm

Reported Acr .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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CRAVEN COUNTY BAT MOBILE UNIT 7 240

Serial Number: 008600 Test Record Number: 2679 Test Date: 02/16/2024 Test Time: 9:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:26pm
FLO	Pass	9:26pm
FC	Pass	9:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:26pm
SRC	Pass	9:26pm
DET	Pass	9:26pm
BAR	Pass	9:26pm
BT	Pass	9:26pm

Blank Tests

Test	Status	Time
AIR	Pass	9:27pm

Printer Tests

Test	Status	Time	
PRNT	Pass	9:27pm	

CRC Tests

Test	Status	Time
COMP	Pass	9:27pm
CAL	Pass	9:27pm

Preventive Maintenance Status: Pass

Analyst

mark

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Se	orial No. 00 86 7 8	Instrument Location BAT mo	
The preventive serial number	re maintenance procedures for the 10,000 or higher) to be followed	Intoximeters, Model Intox EC/IR II at at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canist breath simulator thermomete	ter displays at least 51 pounds per squa er shows 34 degrees, plus or minus .2 d	are inch (psi) of pressure, or the alcoholic legree centigrade;
(2)	Verify instrument displays ti	me and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompte	ed;	
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" ap	pears, collect breath sample;	
(7)	When "PLEASE BLOW" ap		
(8)	Print test record;	•	
(9)	Run diagnostic program and	confirm preventive maintenance status	of "Pass": and
(10)	Verify that the ethanol gas	canister is being changed before a	expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	n the 16 day of February day of the instrument indicated abordings, and the instrument is funct		ng preventive maintenance procedures tions of the N.C. Department of Health
SIATE OF STATE OF STA	AGE LANGE LA		
STOR QUAM VIDER	n an	4	665
	Sig	gnature of Certifying Official	Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 7 240

Serial Number: 008698 Test Date: 02/16/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:49pm 8:50pm
AIR BLK	.00	8:51pm 8:52pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:54pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:56pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 7 240

Serial Number: 008698 Test Record Number: 2295
Test Date: 02/16/2024 Test Time: 8:58pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:58pm
FLO	Pass	8:58pm
FC	Pass	8:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:58pm
SRC	Pass	8:58pm
DET	Pass	8:58pm
BAR	Pass	8:58pm
BT	Pass	8:58pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:59pm	

Printer Tests

rest	Status	Time
PRNT	Pass	8:59pm
	CRC Tests	

rest	Status	Time
COMP	Pass	8:59pm
CAL	Pass	8:59pm

Preventive Maintenance Status: Pass

Analyst

In and

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

С	ounty Cre	Instrument Location BAT MG	byle unit 7
In	strument Serial	No. 008788 Craver	50
TI se	ne preventive m rial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II at 000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per squa breath simulator thermometer shows 34 degrees, plus or minus .2 d	re inch (psi) of pressure, or the alcoholic egree centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before essimulator solution is being changed every four months or after whichever occurs first.	xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
WA	e performed o	e 16 day of 56, a 3, 20 24 the forgoin the instrument indicated above, in accordance with current regularies, and the instrument is functioning properly.	ng preventive maintenance procedures tions of the N.C. Department of Health
47.50	O THE STATE OF ALO		
ME GRE			
	QUAM VIDE	20 Clark	(05
		Signature of Certifying Official	Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 7 240

Serial Number: 008788 Test Date: 02/16/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test		g/210L	Time
DIAG		Pass	9:03pm
AIR		.00	9:04pm
The second second	CHK	.08	9:05pm
AIR		.00	9:05pm
SUB	TEST	.00	9:06pm
AIR	BLK	.00	9:07pm
SUB	TEST	.00	9:09pm
AIR	BLK	.00	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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CRAVEN COUNTY BAT MOBILE UNIT 7 240

Serial Number: 008788 Test Record Number: 2177
Test Date: 02/16/2024 Test Time: 9:11pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:12pm
FLO	Pass	9:12pm
FC	Pass	9:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:12pm
SRC	Pass	9:12pm
DET	Pass	9:12pm
BAR	Pass	9:12pm
BT	Pass	9:12pm

Blank Tests

Test	Status	Time
AIR	Pass	9:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:13pm

Preventive Maintenance Status: Pass

Pass

9:13pm

CAL

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Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Can	nberland Instrument Location Hope Mills
Instrument Seri	al No. 008614 Police Department
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the
ASS QUAM VIEW	Alle 675
	Signature of Certifying Official Certificate Number

HOPE MILLS POLICE DEPARTMENT 250

Serial Number: 008614 Test Date: 02/05/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:30am
AIR BLK	.00	9:30am
ACCY CHK	.07	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00	9:35am
AIR BLK	.00	9:36am

Reported AC: .00 g/210L

Sagnature of Chemical Analyst

Court CVR

Analyst

HOPE MILLS POLICE DEPARTMENT 250

Serial Number: 008614 Test Record Number: 4984
Test Date: 02/05/2024 Test Time: 9:37am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:38am
FLO	Pass	9:38am
FC	Pass	9:38am

Temperature Tests

Test	Status	Time
FC1	Pass	9:38am
SRC	Pass	9:38am
DET	Pass	9:38am
BAR	Pass	9:38am
BT	Pass	9:38am

Blank Tests

AIR Pass 9:38am	Test	Status	Time
	AIR	Pass	9:38am

Printer Tests

Test	Status	Time
PRNT	Pass	9:38am
	CRC Tests	
Test	Status	Time

Pass

Pass

9:39am

9:39am

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Car	rituck Instrument Location Currituck Co. Sheriff's Office
Instrument Seri	ial No. DOB588 407-A Maple Rd., Maple, a.C.
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the day of February, 20 1 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF THE STATE	The Classical Action (1972)
A STATE OF THE STA	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008588 Test Date: 02/19/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D
Permit Number: 0037-7722
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	12:48pm 12:49pm 12:50pm 12:51pm 12:51pm 12:52pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008588 Test Record Number: 1282
Test Date: 02/19/2024 Test Time: 12:56pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:57pm 12:57pm
FC	Pass	12:57pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:57pm 12:57pm 12:57pm 12:57pm
BT	Pass	12:57pm

Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:58pm 12:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	are Instrument Location Dave Co. Defention Center
Instrument Seri	al No. 008783 1044 Dr. Aurtea,
	NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the ZZ day of
THE STATE OF THE S	7441 (A) (B)
	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 02/22/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	12:16pm
AIR BLK	.00	12:17pm
ACCY CHK	.07	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm

Reported AC: 00 g/2/0L

Signature of Charleal Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 1519
Test Date: 02/22/2024 Test Time: 12:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:25pm
SRC	Pass	12:25pm
DET	Pass	12:25pm
BAR	Pass	12:25pm
BT	Pass	12:25pm

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:25pm

Preventive Maintenance Status: Pass

Pass

12:25pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Do	Instrument Location Days Co.	Detention Center
Instrument Seria	1044 Drift	twood Dr. Mantey
		NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degree	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of '	'Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expire simulator solution is being changed every four months or after 125 whichever occurs first.	
I certify that on were performed and Human Ser	the 22 day of	preventive maintenance procedures as of the N.C. Department of Health
THE STATE OF THE PROPERTY OF T	That A Hand	680
	Signature of Certifying Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 02/22/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	12:18pm
AIR BLK	.00	12:19pm
ACCY CHK	.07	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm

Reported AC: 00 q/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2803 Test Date: 02/22/2024 Test Time: 12:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:26pm

Temperature Tests

Status	Time
Pass	12:26pm
	Pass Pass Pass Pass

Blank Tests

AIR Pass 12:27pm	Test	Status	Time
	AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:27pm

Preventive Maintenance Status: Pass

Pass

CAL

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

12:27pm

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County DAY	11050N Instrument Location LEXINGTON POLICE
Instrument Serial	NO. 008683 DEPARTMENT
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t were performed and Human Serv	he day of FERNARY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008683 Test Date: 02/19/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:45pm 12:46pm 12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Department of Health and Human Services

Rev. 12/2007

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008683 Test Record Number: 1198
Test Date: 02/19/2024 Test Time: 12:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:54pm 12:54pm
FC	Pass	12:54pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:55pm 12:55pm 12:55pm 12:55pm
BT	Pass	12:55pm

Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:55pm CAL Pass 12:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Edge	Instrument Location Edge combe Co. Magistrates
Instrument Seria	Instrument Location Edge combe Co. Magistrates ORice, 3005 Anaconda Rd., Tarboro, N
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 20 day of February, 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
STATE V IN 20 170 V IN 20 170	The Other Covs
William III	Signature of Certifying Official Certificate Number
A signed origina	al of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 02/20/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D
Permit Number: 0037-7722
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	1:35pm 1:36pm 1:37pm 1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:42pm
ATR BLK	.00	1:43pm

Reported AC: .00 g/210L

Signature of Chemical Avalyst

Court CVR

- Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 2383
Test Date: 02/20/2024 Test Time: 1:44pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:44pm
FLO	Pass	1:44pm
FC	Pass	1:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:45pm
SRC	Pass	1:45pm
DET	Pass	1:45pm
BAR	Pass	1:45pm
BT	Pass	1:45pm

Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

Printer Tests

Test	Status	Time	
PRNT	Pass	1:45pm	

CRC Tests

Test	Status	Time
COMP	Pass	1:45pm
CAL	Pass	1:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County E	decombe Instrument Location Edgecombe Co. Magistrate
Instrument Seri	al No. 008847 Office, 3005 Anaconda Rd.
	Tarboro, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the
THE STATE OF THE S	19/11/1/ 680
	Signature of Certifying Official Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008847 Test Date: 02/27/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	11:04am 11:05am 11:05am 11:06am 11:07am 11:08am 11:09am 11:10am

Reported Ag: .00) g/2101/

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008847 Test Record Number: 876
Test Date: 02/27/2024 Test Time: 11:12am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:13am
FLO	Pass	11:13am
FC	Pass	11:13am

Temperature Tests

Status	Time
Pass	11:13am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	11:13am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:14am
CAL	Pass	11:14am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instru	ment Seri	al No. 008918 Office, 3005 Anaconda Rd., Tarbors, N.C.
The p	reventive number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certi	fy that or performe uman Se	the 20 day of February, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Feature rvices, and the instrument is functioning properly.
THE GREAT SA	THE STATE OF THE S	CAROLLE TO A TO

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008918 Test Date: 02/26/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D
Permit Number: 0037-7722
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test g/210L Time DIAG Pass 12:25pm 12:26pm AIR BLK .00 ACCY CHK .07 12:27pm AIR BLK .00 12:28pm SUB TEST .00 12:29pm AIR BLK .00 12:30pm SUB TEST .00 12:31pm AIR BLK .00 12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008918 Test Record Number: 933 Test Date: 02/26/2024 Test Time: 12:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	12:34pm
FC	Pass	12:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
BT	Pass	12:34pm

Blank Tests

Test	Status	Time	
AIR	Pagg	12.35pm	

Printer Tests

Test Status Time

PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:35pm 12:35pm

Preventive Maintenance Status: Pass

Xey P. L.
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	FORSYTH Instrument Location FORSYTH CO. DETENTION
Instrument	Serial No 008583 LUINSTON SALEM NC
	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ber 10,000 or higher) to be followed at least once every four months are.
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;
(2)	Verify instrument displays time and date;
(3	Initiate breath test sequence;
(4	Enter information as prompted;
(5	Verify instrument accuracy;
(6	When "PLEASE BLOW" appears, collect breath sample;
(7	When "PLEASE BLOW" appears, collect breath sample;
(8) Print test record;
(9	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(1	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the were perfeand Huma	nat on the 2 day of FF3RUM, 20 4 the forgoing preventive maintenance procedures or med on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health in Services, and the instrument is functioning properly.
THE REPORT OF THE PARTY OF THE	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008583 Test Date: 02/02/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:49am
AIR BLK	.00	8:50am
ACCY CHK	.08	8:51am
AIR BLK	.00	8:52am
SUB TEST	.00	8:53am
AIR BLK	.00	8:54am
SUB TEST	.00	8:55am
AIR BLK	.00	8:57am

.00 g/210L Reported AC:

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 9512 Test Date: 02/02/2024 Test Time: 8:58am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:58am 8:58am
FC	Pass	8:58am

Temperature Tests

Test	Status	Time
FC1	Pass	8:59am
SRC	Pass	8:59am
DET	Pass	8:59am
BAR	Pass	8:59am
BT	Pass	8:59am

Blank Tests

Test	Status	Time
AIR	Pass	8:59am

Printer Tests

Test	Status	Time
PRNT	Pass	8:59am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:59am

Preventive Maintenance Status: Pass

Pass

CAL

8:59am

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County $F_{\mathcal{G}}$	Instrument Location For25 4TH CO. DETENTION
Instrument Serial	NO. 008659 WINSTON-SALEM, NC
	auntenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 2 day of FERUHRY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 02/02/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799

Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	9:19am 9:20am 9:20am 9:21am
SUB TEST	.00	9:22am
AIR BLK	.00	9:23am
SUB TEST	.00	9:25am
AIR BLK	.00	9:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 6263 Test Date: 02/02/2024 Test Time: 9:28am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:28am 9:28am
FC	Pass	9:28am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	9:28am 9:28am 9:28am 9:28am
BT	Pass	9:28am

Blank Tests

Test	Status	Time
AIR	Pass	9:29am

Printer Tests

Test	Status	Time
PRNT	Pass	9:29am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:29am 9:29am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	al No. 008660 Instrument Location FORSYTH CO. DETENTION WINSTON - SALEM, NO.
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of FFBRUARY, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
d wa 20.1773	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 02/06/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:03am
AIR BLK	.00	9:03am
ACCY CHK	.08	9:04am
AIR BLK	.00	9:05am
SUB TEST	.00	9:06am
AIR BLK	.00	9:07am
SUB TEST	.00	9:08am
AIR BLK	.00	9:09am

Reported AC: .00 g/210L

Signature of Memical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Record Number: 4516
Test Date: 02/06/2024 Test Time: 9:11am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:11am
FLO	Pass	9:11am
FC	Pass	9:11am

Temperature Tests

Test	Status	Time
FC1	Pass	9:12am
SRC	Pass	9:12am
DET	Pass	9:12am
BAR	Pass	9:12am
BT	Pass	9:12am

Blank Tests

Test	Status	Time
AIR	Pass	9:12am

Printer Tests

Test	Status	Time
PRNT	Pass	9:12am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:12am

Preventive Maintenance Status: Pass

CAL Pass 9:12am

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Fo	PRSYTH Instrument Location KERNERSVILLE POLICE
Instrument Serial	No. 008876 Instrument Location KFRNFRSVILLE POLICE DEPARTMENT
The preventive m serial number 10,0	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy,
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed cand Human Servi	day of FERIUA: 4, 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008896 Test Date: 02/14/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test g/210L Time

DIAG	Pass	10:17am
AIR BLK	.00	10:18am
ACCY CHK	.08	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

Reported AC: .00 g/210L

gnature of

Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008896 Test Record Number: 1687
Test Date: 02/14/2024 Test Time: 10:25am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:26am
FLO	Pass	10:26am
FC	Pass	10:26am

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:27am 10:27am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County	DRSYTH Instrument Location FORSYTH CO. DETENTION
	Instrument Serial	No. 008925 Instrument Location FORSYTH CO. DETENTION WINSTON-SALEM, NC
	The preventive maserial number 10.0	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
)	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed of	the 2 day of FERRUARY, 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
		Signature of Certifying Official Certificate Number
		Signature of country in Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 02/02/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Date of Birth: 11/11/19
Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:37am 8:38am 8:39am
AIR BLK	.00	8:40am
SUB TEST	.00	8:41am
AIR BLK	.00	8:42am
SUB TEST	.00	8:44am
AIR BLK	.00	8:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 4834
Test Date: 02/02/2024 Test Time: 8:47am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:47am
FLO	Pass	8:47am
FC	Pass	8:47am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	8:47am 8:47am 8:47am 8:47am
BT	Pass	8:47am

Blank Tests

Test	Status	Time
AIR	Pass	8:48am

Printer Tests

Test	Status	Time
PRNT	Pass	8:48am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:48am 8:48am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Co	1Ston Instrument Location Gaston County Jai No. 008643 Gaston, No.
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the instrument indicated above, in accordance with current regulations of the N.C. Department of Healthers, and the instrument is functioning properly.
AM STATE OF	



A signed original of the preventive maintenance record shall be kept on file for at least three years.

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Date: 02/19/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:12am
AIR BLK	.00	11:13am
ACCY CHK	.08	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
ATR BLK	.00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Record Number: 4731 Test Date: 02/19/2024 Test Time: 11:21am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:21am 11:21am
FC	Pass	11:21am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	11:21am 11:21am 11:21am 11:21am
	Pass	
BT	Pass	11:21am

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:22am 11:22am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County G	ates Instrument Location Gates	Co. S.O.
Instrument Seri	al No. 008847 202 Cour	+ St. Gatesville
		NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mod 0,000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch breath simulator thermometer shows 34 degrees, plus or minus .2 degree c	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pa	ss"; and
(10)	Verify that the ethanol gas canister is being changed before expirated simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath
I certify that on were performed and Human Ser	theday of, 20, 20 the forgoing predom the instrument indicated above, in accordance with current regulations ovices, and the instrument is functioning properly.	ventive maintenance procedures of the N.C. Department of Health
THE STATE OF THE S	That I dansell	680
	Signature of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

GATES COUNTY GATES CO SO 360

Serial Number: 008847 Test Date: 02/02/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Chappell, Mark A Permit Number: 0020-6272 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	2:38pm
AIR BLK	.00	2:38pm
ACCY CHK	.07	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm

Reported AC:

ignature of Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services

GATES COUNTY GATES CO SO 360

Serial Number: 008847 Test Record Number: 867
Test Date: 02/02/2024 Test Time: 2:45pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:46pm
SRC	Pass	2:46pm
DET	Pass	2:46pm
BAR	Pass	2:46pm
BT	Pass	2:46pm

Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm
	CRC Tests	
Test	Status	Time

1650	Status	TIME
COMP	Pass	2:46pm
CAL	Pass	2:46pm

Preventive Maintenance Status: Pass

Mal J. Chapell
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County G	Instrument Location Gates Co	Sherifs Off
Instrument Seri	ial No. 008884 202 Court S	St. Gatesville,
		NC
The preventive serial number 1	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model In 10,000 or higher) to be followed at least once every four months are:	ntox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centiques.)) of pressure, or the alcoholic grade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass";	and
(10)	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcol whichever occurs first.	date, or the alcoholic breath holic Breath Simulator tests,
I certify that on were performed and Human Ser	the day of, 20 the forgoing prevented on the instrument indicated above, in accordance with current regulations of the rvices, and the instrument is functioning properly.	tive maintenance procedures e N.C. Department of Health
THE STATE OF THE S	San Caron Ca	680
William St.	Signature of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 02/23/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	2:10pm 2:10pm 2:11pm 2:12pm 2:13pm 2:14pm ~~ 2:16pm
AIR BLK	.00	2:16pm

Reported AC: .00 g/210L

ignature of Chamical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 1171
Test Date: 02/23/2024 Test Time: 2:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:17pm 2:17pm
FC	Pass	2:18pm

Temperature Tests

Status	Time
Pass	2:18pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:19pm 2:19pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County GY	Instrument Location Greene Co. S.D.
Instrument Seri	al No. 008670 301 W. Greene St. Snow Hil
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of day o
SIATE	
THE CHAM VICES	Key O for 643
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 02/21/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D
Permit Number: 0037-7722
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:04pm 2:05pm
ACCY CHK	.08	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GREENE COUNTY GREENE CO SO 390

Test Record Number: 2412 Serial Number: 008670 Test Date: 02/21/2024 Test Time: 2:12pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:12pm
FLO	Pass	2:12pm
FC	Pass	2:12pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	2:12pm 2:12pm 2:12pm 2:12pm
BT	Pass	2:12pm

Blank Tests

Status	Time 2:13pm
Pass	

Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:13pm

2:13pm Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_ &	UILFORD Instrument Location HIGH POINT JAIL
Instrument Serial	No. 008655 Instrument Location HIGH POINT JAIL No. 008655
The preventive m serial number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are.
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy,
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed o	e 26 day of FERUARY, 2024 the forgoing preventive maintenance procedures in the instrument indicated above, in accordance with current regulations of the N.C. Department of Health res, and the instrument is functioning properly.
SAM	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Date: 02/26/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:33am 10:34am 10:35am 10:36am 10:37am 10:38am 10:40am
AIR BLK	.00	10:41am

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Record Number: 3987 Test Date: 02/26/2024 Test Time: 10:41am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:42am 10:42am
FC	Pass	10:42am

Temperature Tests

Status	Time
Pass	10:42am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:43am

Printer Tests

Test	Status	Time
PRNT	Pass	10:43am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:43am 10:43am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

1	County GU	ULFORD Instrument Location GREENSBORD POLICE
	Instrument Serial)	NO. 008725 DEPARTMENT
		aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed of	day of FFBRUHRY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
		Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

GUILFORD COUNTY GREENSBORD PD 400

Serial Number: 008725 Test Date: 02/07/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	2:24pm
AIR BLK	.00	2:25pm
ACCY CHK	.08	2:25pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:30pm
ATR BLK	.00	2:30pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4888 Test Date: 02/07/2024 Test Time: 2:31pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:31pm
FLO	Pass	2:31pm
FC	Pass	2:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:32pm 2:32pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	erial No. 008790
The preventive serial number	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that were perform and Human S	on the 15 day of FEBRUARY, 20 24 the forgoing preventive maintenance procedures need on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly.
STATE OF STA	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 02/15/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799

Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG AIR BLK CY CHK R BI SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:48am 10:49am 10:50am 10:51am 10:53am 10:53am
ATR BLK	.00	10:56am

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 8063 Test Date: 02/15/2024 Test Time: 10:59am EST

System Check: Passed

Baseline Tests

Test	Status	Time	
IR FLO	Pass Pass	10:59am 10:59am	
FC	Pass	10:59am	

Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:00am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County 4/4	Instrument Location HALIFAY CO. S. 8.
Instrument Ser	rial No. 008695 355 FERRELL LAWE
	HALETAY, MC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the
CREATE OF STATE OF ST	CAROUN
QUAM VIDES	Signature of Certifying Official Certificate Number
	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Date: 02/07/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	3:59pm 3:59pm 4:00pm 4:01pm 4:02pm
AIR BLK SUB TEST	.00	4:03pm 4:04pm
AIR BLK	.00	4:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Record Number: 3721 Test Date: 02/07/2024

Test Time: 4:06pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:06pm
FLO	Pass	4:06pm
FC	Pass	4:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:07pm
SRC	Pass	4:07pm
DET	Pass	4:07pm
BAR	Pass	4:07pm
BT	Pass	4:07pm

Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:07pm 4:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	enderson Instrument Location Henderson County Detention
Instrument Se	erial No.008806 Hendersonville, NC
The preventive serial number	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF	CAROLLA CAROLL
STE QUAM VIDEN	1068
	Signature of Certifying Official Certificate Number

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008806 Test Date: 02/06/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	12:01pm
AIR BLK	.00	12:02pm
ACCY CHK	.08	12:02pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008806 Test Record Number: 3511
Test Date: 02/06/2024 Test Time: 12:08pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:08pm
FC	Pass	12:08pm

Temperature Tests

	Test	Status	Time
SRC Pass 12:09pr DET Pass 12:09pr BAR Pass 12:09pr		Pass	12:09pm
DET Pass 12:09pr BAR Pass 12:09pr	AN AND LANCE OF THE PARTY.	Pass	
BAR Pass 12:09pr	DET	Pass	
	BAR	Pass	12:09pm
	BT	Pass	12:09pm

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:09pm
CAL	Pass	12:09pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County He	nderson Instrument Location Henderson County Detention
Instrument Ser	ial No.608822 Hendersonville, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of, 20, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
AND STATE OF THE S	
	Signature of Certifying Official Certificate Number
A signed origina	l of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

> Serial Number: 008822 Test Date: 02/06/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	11:59am
AIR BLK	.00	12:00pm
ACCY CHK	.07	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm

Reported AC: .00 q/210L

Signature Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch **Department of Health and Human Services**

Rev. 12/2007

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 3375
Test Date: 02/06/2024 Test Time: 12:07pm EST

System Check: Passed

Baseline Tests

:07pm
:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

Test

COMP

CAL

Pass	12:08pm
CRC Tests	
Status	Time
	CRC Tests

Status Time

12:08pm

12:08pm

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County He	rtford Instrument Location Mustreesh	oro P.D.
Instrument Seri	1 No. 008906 115 E. Broo	ad St Murtress
_		No
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mode 0,000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (breath simulator thermometer shows 34 degrees, plus or minus .2 degree ce	(psi) of pressure, or the alcoholic ntigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pas	s"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	n date, or the alcoholic breath coholic Breath Simulator tests,
were performed	the day of day o	rentive maintenance procedures the N.C. Department of Health
THE STATE OF THE S	Signature of Certifying Official	Certificate Number
	organical of Collinying Official	Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 02/02/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	11:32am
AIR BLK	.00	11:33am
ACCY CHK	.08	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	- 00	11 · 39am

Reported AC:

g/21/01

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 907 Test Date: 02/02/2024 Test Time: 11:40am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:41am

Temperature Tests

Status	Time
Pass	11:41am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:42am

Printer Tests

Test	Status	Time
PRNT	Pass	11:42am
	CRC Tests	
Test	Status	Time

Pass 11:42am

11:42am

Preventive Maintenance Status: Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Hy	de Instrument Location Hyde Co. S.O.
Instrument Ser	ial No. 008801 1223 Main St., Swan Quarter
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of da
STATE AND STATE OF THE STATE OF	CAROLINI
AMIL 12 17TH	Ker P. Day 643
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 02/27/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D
Permit Number: 0037-7722
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	11:26am
AIR BLK	.00	11:26am
ACCY CHK	.08	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 720
Test Date: 02/27/2024 Test Time: 11:35am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:35am
FLO	Pass	11:35am
FC	Pass	11:35am

Temperature Tests

Status	Time
Pass	11:36am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

Test	Status	Time
PRNT	Pass	11:37am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:37am 11:37am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County 101=1	Instrument Location MODESVILLE TO
County (County)	Instrument Location
Instrument Serial	No.008685 MODESVILLE LL
The preventive maserial number 10,0	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed o	e 19 day of 1900 d
STATE	CARO
TOP CHAM VEDE	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 02/19/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Tina S
Permit Number: 0027-4970
Effective:
07/01/2022-07/01/2024

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	9:15am 9:16am 9:17am 9:18am 9:19am 9:20am 9:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 4571
Test Date: 02/19/2024 Test Time: 9:23am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:24am 9:24am
FC	Pass	9:24am

Temperature Tests

Test	Status	Time
FC1	Pass	9:24am
SRC	Pass	9:24am
DET	Pass	9:24am
BAR	Pass	9:24am
BT	Pass	9:24am

Blank Tests

Test	Status	Time	
ATR	Pass	9:24am	

Printer Tests

Test	Status	Time
PRNT	Pass	9:25am

CRC Tests

Test	Status	Time
COMP	Pass	9:25am
CAL	Pass	9:25am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	hnston Instrument Location Johnston County
Instrument Seria	al No.008846 Detention Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Date: 02/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.08	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:59pm
ATR BLK	0.0	2 • 0 0 pm

Report/ed AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Record Number: 6259
Test Date: 02/01/2024 Test Time: 2:01pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:01pm
FLO	Pass	2:01pm
FC	Pass	2:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:02pm
SRC	Pass	2:02pm
DET	Pass	2:02pm
BAR	Pass	2:02pm
BT	Pass	2:02pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:02pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:02pm 2:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lev	Instrument Location Lenoir (o.	5.0,
Instrument Seria	11 No. (50 885) BD Queen S	t., Kinston, N.C.
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model (0,000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (breath simulator thermometer shows 34 degrees, plus or minus .2 degree ce	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pas	ss"; and
(10)	Verify that the ethanol gas canister is being changed before expiratio simulator solution is being changed every four months or after 125 Al whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that on twere performed and Human Serv	he day of February, 2027 the forgoing prevon the instrument indicated above, in accordance with current regulations of ices, and the instrument is functioning properly.	ventive maintenance procedures f the N.C. Department of Health
STATE ON STA	The O. Lan	643
The same of the sa	Signature of Certifying Official	Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008851 Test Date: 02/21/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D
Permit Number: 0037-7722
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	12:10pm 12:10pm 12:11pm 12:12pm 12:13pm 12:14pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008851 Test Record Number: 942

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:18pm
FLO	Pass	12:18pm
FC	Pass	12:18pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	12:18pm 12:18pm 12:18pm 12:18pm 12:18pm

Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:19pm

12:19pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lir	No. 008823 Instrument Location Lincoln Co fail Lincolnton, NC
Instrument Serial	No. 008823 Instrument Location Juncoln Up Jail No. 008823 Lincolnton, NC
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
serial number 10,	000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	10th February



Certificate Number

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008823 Test Date: 02/19/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG212402 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00	12:20pm 12:20pm 12:21pm 12:22pm 12:22pm 12:23pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008823 Test Record Number: 1918 Test Date: 02/19/2024 Test Time: 12:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:26pm 12:26pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:27pm 12:27pm 12:27pm 12:27pm 12:27pm

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12 • 28 pm

Preventive Maintenance Status: Pass

Pass

CAL

12:28pm

12:28pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County OLY	ncoln Instrument Location Lincoln Co Jail
Instrument Serial	No.008827 Lincolnton, NC
The preventive m serial number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on th	e 19th day of February, 2024 the forgoing preventive maintenance procedure in the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt

were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Date: 02/19/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG212403 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	12:20pm 12:21pm 12:22pm 12:23pm 12:23pm 12:24pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827

Test Record Number: 4083

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:27pm
FLO	Pass	12:27pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pass	12:27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:28pm

Pass

12:28pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	al No. 008970 Instrument Location BAT Mobile unit Z Marion PD
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008970 Test Date: 02/11/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T

Permit Number: 0067-5960

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	5:58pm
AIR BLK	.00	5:59pm
ACCY CHK	.08	5:59pm
AIR BLK	.00	6:00pm
SUB TEST	.00	6:01pm
AIR BLK	.00	6:02pm
SUB TEST	.00	6:04pm
ATR BLK	. 00	6:05pm

Reported AC: 00 g/2101

Signature of Chemical Analyst

Court CVR

MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008970 Test Record Number: 1068
Test Date: 02/11/2024 Test Time: 6:05pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:06pm
FLO	Pass	6:06pm
FC	Pass	6:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:06pm
SRC	Pass	6:06pm
DET	Pass	6:06pm
BAR	Pass	6:06pm
BT	Pass	6:06pm

Blank Tests

Test	Status	Time
ATR	Pass	6:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:07pm
CAL	Pass	6:07pm

Preventive Maintenance Status; Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	Dowell County Instrument Location BAT Mobile unit 2 al No. 008970 Marion PD
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the
O THE STATE OF THE PROPERTY OF	1079

MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008970 Test Date: 02/11/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T

Permit Number: 0067-5960

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	5:58pm
AIR BLK	.00	5:59pm
ACCY CHK	.08	5:59pm
AIR BLK	.00	6:00pm
SUB TEST	.00	6:01pm
AIR BLK	.00	6:02pm
SUB TEST	.00	6:04pm
ATR BLK	. 0.0	6 · 05pm

Reported AC: 00 g/2101

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008970 Test Record Number: 1068 Test Date: 02/11/2024 Test Time: 6:05pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:06pm
FLO	Pass	6:06pm
FC	Pass	6:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:06pm
SRC	Pass	6:06pm
DET	Pass	6:06pm
BAR	Pass	6:06pm
BT	Pass	6:06pm

Blank Tests

Test	Status	Time
ATR	Pass	6:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:07pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	6:07pm	
CAL	Pass	6:07pm	

Preventive Maintenance Status; Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and

MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the

MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008973 Test Date: 02/11/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T

Permit Number: 0067-5960

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	5:46pm
AIR BLK	.00	5:47pm
ACCY CHK	.08	5:48pm
AIR BLK	.00	5:48pm
SUB TEST	.00	5:49pm
AIR BLK	.00	5:50pm
SUB TEST	.00	5:52pm
AIR BLK	.00	5:52pm

Reported AQ: 0.00/g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008973 Test Record Number: 1123
Test Date: 02/11/2024 Test Time: 5:57pm EST

System Check: Passed

Baseline Tests

Status	Time
Pass	5:57pm
Pass	5:57pm
Pass	5:57pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	5:57pm
SRC	Pass	5:57pm
DET	Pass	5:57pm
BAR	Pass	5:57pm
BT	Pass	5:57pm

Blank Tests

Test	Status	Time	
ATR	Dagg	5 • 5 8 mm	

Printer Tests

Test	Status	Time
PRNT	Pass	5:58pm

CRC Tests

Test	Status	Time	
COMP	Pass	5:58pm	
CAL	Pass	5:58pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	al No. 008973 Marion DD maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the
O IN STATE OF THE	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008973 Test Date: 02/11/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T

Permit Number: 0067-5960

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	5:46pm
AIR BLK	.00	5:47pm
ACCY CHK	.08	5:48pm
AIR BLK	.00	5:48pm
SUB TEST	.00	5:49pm
AIR BLK	.00	5:50pm
SUB TEST	.00	5:52pm
AIR BLK	.00	5:52pm

Reported AQ: 0.00/g/2101

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008973 Test Record Number: 1123
Test Date: 02/11/2024 Test Time: 5:57pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:57pm
FLO	Pass	5:57pm
FC	Pass	5:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:57pm
SRC	Pass	5:57pm
DET	Pass	5:57pm
BAR	Pass	5:57pm
BT	Pass	5:57pm

Blank Tests

Test	Status	Time
AIR	Pass	5:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:58pm

Preventive Maintenance Status: Pass

Pass

5:58pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Cklenburg Instrument Location CMPD LEC
Instrument Serial	No.008594 Charlotte, noc
The preventive m serial number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
T	22rd February 2021 to forming

I certify that on the <u>d3'</u> day of <u>FCDPUQUE</u>, 20<u>24</u> the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 02/23/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:08pm 12:08pm 12:09pm 12:10pm 12:11pm 12:12pm 12:13pm
AIR BLK	.00	12:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

' MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 5875
Test Date: 02/23/2024 Test Time: 12:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:15pm
FLO	Pass	12:15pm
FC	Pass	12:15pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:15pm 12:15pm 12:15pm 12:15pm
BT	Pass	12:15pm

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CDC Mosts	

CRC Tests

Test	Status	Time
COMP	Pass	12:16pm
CAL	Pass	12:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	CKlenburg Instrument Location Mecklenburg County 80	
Instrument Seria	1 No. 0086/05 (no. 0086, NC	
The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit ,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	
I certify that on the 33 day of February, 2024 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt and Human Services, and the instrument is functioning properly.		

Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 02/23/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:14am 11:15am 11:16am 11:17am 11:17am 11:18am 11:20am
ATR BLK	.00	11.200

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Record Number: 5555
Test Date: 02/23/2024 Test Time: 11:21am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:21am 11:21am
FC	Pass	11:21am

Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

Blank Tests

Test	Status	Time	
AIR	Pass	11:22am	

Printer Tests

m - - +

Test	Status	Time
PRNT	Pass	11:22am

CRC Tests

Test	Status	Time
COMP	Pass	11:22am
CAL	Pass	11:22am

Preventive Maintenance
Status: Pass

. 4

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ME	Instrument Location MERVIEWE COUNTY 80
Instrument Seria	INO. 008665 AC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the Olday of Colored Above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
STATE ON THE PARTY OF THE PARTY	Jun S. Danis

Signature of Certifying Official

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

DHHS 4080 (04/20)

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 02/02/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Tina S Permit Number: 0027-4970

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:07am 10:08am 10:09am 10:09am 10:10am 10:11am
SUB TEST	.00	10:12am
ATR BLK	. 00	10:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Record Number: 5551
Test Date: 02/02/2024 Test Time: 10:14am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:14am
FLO	Pass	10:14am
FC	Pass	10:15am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:15am 10:15am 10:15am 10:15am 10:15am
	- 455	io. Isam

Blank Tests

Test	Status	Time
AIR	Pass	10:15am

Printer Tests

Test	Status	Time
PRNT	Pass	10:15am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:16am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Klenburg Instrument Location Mecklenburg County 80
Instrument Serial	No.008190 Charlotte, NC
The preventive m serial number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on th were performed of and Human Service	e <u>33'</u> day of <u>February</u> , 20 <u>24'</u> the forgoing preventive maintenance procedures in the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
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Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 02/23/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	11:12am
AIR BLK	.00	11:13am 11:14am
ACCY CHK AIR BLK	.08	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:18am
ATR BLK	- 00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690

Test Record Number: 7303

Test Date: 02/23/2024 Test Time: 11:19am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:20am
FLO	Pass	11:20am
FC	Pass	11:20am

Temperature Tests

Test	Status	Time
FC1	Pass	11:20am
SRC	Pass	11:20am
DET	Pass	11:20am
BAR	Pass	11:20am
BT	Pass	11:20am

Blank Tests

Test	Status	Time
AIR	Pass	11:20am

Printer Tests

Test	Status	Time
PRNT	Pass	11:20am

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	11:20am 11:20am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Klenburg Instrument Location CMPD LEC
Instrument Serial 1	vo. 008782 Charlotte, NC
The preventive ma	nintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
	00 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the	e <u>33rd</u> day of <u>February</u> , 20 <u>24</u> the forgoing preventive maintenance procedure

I certify that on the <u>a3</u> day of <u>reduction</u>, 20<u>24</u> the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008702 Test Date: 02/23/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Helms, Bryce A Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK	Pass	12:43pm 12:43pm
ACCY CHK	.07	12:43pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:48pm
ATR BLK	0.0	12.49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008702 Test Date: 02/23/2024

Test Record Number: 1979
Test Time: 12:49pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:50pm 12:50pm
FC	Pass	12:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:50pm
SRC	Pass	12:50pm
DET	Pass	12:50pm
BAR	Pass	12:50pm
BT	Pass	12:50pm

Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm
	CRC Tests	
Test	Status	Time

Pass Pass	12:51pm 12:51pm
	_

Preventive Maintenance
Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mc	No. 008703 Instrument Location Pineville Police Department
Instrument Serial	No. 008703 Pineuille, NC
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on th were performed of and Human Service	the 27 th day of February, 20 <u>2</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
STATE ON A	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 02/27/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG212403

Exp Date: 05/04/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:32am 10:32am 10:33am 10:34am 10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:37am
ATR BLK	.00	10:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 6244 Test Date: 02/27/2024 Test Time: 10:39am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:39am 10:39am
FC	Pass	10:39am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:39am 10:39am 10:39am 10:39am
BT	Pass	10:39am

Blank Tests

Test	Status	Time
AIR	Pass	10:40am

Printer Tests

Test	Status	Time
PRNT	Pass	10:40am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:40am

10:40am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County MEC	Instrument Location House Control	MUEAD
Instrument Serial	No. 008747 Hartees	ue al
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and M 000 or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square incorporate simulator thermometer shows 34 degrees, plus or minus .2 degrees	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performed of	the 27 day of, 2024 the forgoing point the instrument indicated above, in accordance with current regulations ces, and the instrument is functioning properly.	preventive maintenance procedures s of the N.C. Department of Health
STATE ON STATE OF STA		
TO QUAN VIEW	Jun & Daning	64to
	Signature of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 02/27/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG212402 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:10pm 2:11pm 2:12pm 2:13pm
SUB TEST	.00	2:13pm
AIR BLK SUB TEST	.00	2:14pm 2:16pm
AIR BLK	.00	2:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Record Number: 3237 Test Date: 02/27/2024 Test Time: 2:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	2:18pm 2:18pm
FC	Pass Pass	2:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:18pm
SRC	Pass	2:18pm
DET	Pass	2:18pm
BAR	Pass	2:18pm
BT	Pass	2:18pm

Blank Tests

Test	Status	Time
AIR	Pass	2:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:19pm

Preventive Maintenance Status: Pass

Pass

2:19pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

In	strument Seri	al No. 008898 Instrument Location BAT MOBILE REGION 3 MATTHEWS PD
Ti	ne preventive rial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I o w	certify that on ere performed ad Human Ser	the <u>08</u> day of <u>FEBRUARY</u> , 20 <u>24</u> the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

MECKLENBURG COUNTY BAT MOBILE REGION 3
590

Serial Number: 008898 Test Date: 02/08/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C
Permit Number: 0027-5012
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	10:25pm
AIR BLK	.00	10:26pm
ACCY CHK	.08	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. All

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008898 Test Record Number: 1768
Test Date: 02/08/2024 Test Time: 10:32pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:32pm
FLO	Pass	10:32pm
FC	Pass	10:32pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:32pm 10:32pm 10:32pm 10:32pm 10:32pm

Blank Tests

Test	Status	Time
AIR	Pass	10:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:33pm

Preventive Maintenance Status: Pass

Pass

10:33pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County MEC	CKLENBURG Instrument Location BAT MOBILE REGION 3
Instrument Seria	Instrument Location BAT MOBILE REGION 3 al No. 008898 CMPD
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
were performed	the day of FEBRUALY, 2024 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heatrices, and the instrument is functioning properly.
STATE OF THE STATE	M.C. J. Certificate Number

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008898 Test Date: 02/14/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	9:09pm
AIR BLK	.00	9:10pm
ACCY CHK	.07	9:11pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008898 Test Record Number: 1773

System Check: Passed

Baseline Tests

Test	Status	Time		
IR	Pass	9:30pm		
FLO	Pass	9:30pm		
FC	Pass	9:30pm		

Temperature Tests

Test	Status	Time
FC1	Pass	9:30pm
SRC	Pass	9:30pm
DET	Pass	9:30pm
BAR	Pass	9:30pm
BT	Pass	9:30pm

Blank Tests

Test	Status	Time
7 TD	Dagg	9.31pm

Printer Tests

Test	Status	Time		
PRNT	Pass	9:31pm		
	CRC Tests			

Test	Status	Time		
COMP	Pass	9:31pm		
CAL	Pass	9:31pm		

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County MEC	CKLENBURG	Instrument Location_	BAT	MOBILE	REGION	3
Instrument Seri	al No. 008898		C	1MPD		
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed	e Intoximeters, Model In at least once every four	tox EC/IR months ar	t II and Model In	atox EC/IR II (En	hanced with
(1)	Verify the ethanol gas canis breath simulator thermomet	ster displays at least 51 pter shows 34 degrees, plu	ounds per is or minu	square inch (psi s .2 degree centig) of pressure, or t grade;	the alcoholic
(2)	Verify instrument displays	time and date;				
(3)	Initiate breath test sequence	;				
(4)	Enter information as promp	eted;				
(5)	Verify instrument accuracy	;				
(6)	When "PLEASE BLOW" a	ppears, collect breath sa	mple;			
(7)	When "PLEASE BLOW" a	ppears, collect breath sa	mple;			
(8)	Print test record;					
(9)	Run diagnostic program and	d confirm preventive ma	intenance	status of "Pass";	and	
(10)	Verify that the ethanol gasimulator solution is being whichever occurs first.	as canister is being changed every four n	anged bef	ore expiration d after 125 Alcoh	ate, or the alco nolic Breath Sim	holic breath ulator tests,
I certify that on were performed and Human Ser	the 15 day of FEB do not the instrument indicated a rvices, and the instrument is fun	ctioning properly.		forgoing prevent regulations of the	tive maintenance e N.C. Departme	procedures nt of Health
STE QUAM VILLE		n.c. Ite	5		676	

MECKLENBURG COUNTY BAT MOBILE REGION 3
590

Serial Number: 008898 Test Date: 02/15/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C Permit Number: 0027-5012 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	9:10pm
AIR BLK	.00	9:11pm
ACCY CHK	.07	9:12pm
AIR BLK	.00	9:13pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. flan
Analyst

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008898 Test Record Number: 1780 Test Date: 02/15/2024 Test Time: 9:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time		
IR	Pass	9:20pm		
FLO	Pass	9:20pm		
FC	Pass	9:21pm		

Temperature Tests

Test	Status	Time
FC1	Pass	9:21pm
SRC	Pass	9:21pm
DET	Pass	9:21pm
BAR	Pass	9:21pm
BT	Pass	9:21pm

Blank Tests

Test	Status	Time
AIR	Pass	9:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:22pm
CAL	Pass	9:22pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_MEC	CKL	ENBU	RG		Instrum	ent Location	BAT	Mo	BILE	REG	10N 3
Instrument Seria	ıl No	00	3939)		_		4TTH		PD	
The preventive is serial number 10	nainte	enance proor higher	ocedures) to be fol	for the I	intoximet t least on	ers, Model In	ntox EC/IR	II and N	Model Inte	ox EC/IR I	I (Enhanced wit
(1)	Verbre	rify the e ath simu	thanol gas ator therm	s caniste	er display shows 3	s at least 51 4 degrees, pl	pounds per us or minu	square in	nch (psi) ee centigr	of pressure ade;	e, or the alcoholi
(2)	Vei	rify instr	ıment disj	plays tin	ne and da	ite;					
(3)	Init	iate brea	th test seq	uence;							
(4)	Ent	er inforn	nation as p	orompte	d;						
(5)	Vei	ify instr	iment acc	uracy;							
(6)	Wh	en "PLE	ASE BLO	W" app	ears, col	ect breath sa	mple;				
(7)	Wh	en "PLE	ASE BLO	W" app	ears, coll	ect breath sa	mple;				
(8)	Prin	nt test rec	ord;								
(9)	Rur	diagnos	tic progra	m and c	onfirm p	reventive ma	intenance :	status of '	"Pass"; aı	nd	
(10)	SIIII	uiatoi sc	the ethan lution is ccurs first	being c	canister changed	is being cha	anged before nonths or	ore expir after 125	ration dat 5 Alcoho	e, or the lic Breath	alcoholic breatl Simulator tests
I certify that on the were performed and Human Services	he	28 da instrum nd the in	y of	EBK ited abor is functi	RUAR ve, in acconing pro	, 20_cordance with operly.	24 the formal the current r	orgoing j egulation	preventivns of the	e mainten: N.C. Depar	ance procedure rtment of Healtl
ARE GRAM VERN	ATTH CAROUN			M.	.C.	Zel Certifying C	7			6	.76
				Sig	nature of	Certifying C	Official			Certificate	

MECKLENBURG COUNTY BAT MOBILE REGION 3
590

Serial Number: 008939 Test Date: 02/08/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: YY

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C
Permit Number: 0027-5012
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	10:46pm
AIR BLK	.00	10:47pm
ACCY CHK	.08	10:48pm
AIR BLK	.00	10:49pm
SUB TEST	.00	10:50pm
AIR BLK	.00	10:50pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008939 Test Record Number: 1621 Test Date: 02/08/2024 Test Time: 10:55pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:55pm
FLO	Pass	10:55pm
FC	Pass	10:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:55pm
SRC	Pass	10:55pm
DET	Pass	10:55pm
BAR	Pass	10:55pm
BT	Pass	10:55pm

Blank Tests

Test	Status	Time
AIR	Pass	10:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:56pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:56pm
CAL	Pass	10:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_	MECK	ENBURG	Instrument Location_	BAT	MOBILE	REGION	3
Instrume	ent Serial No.	008939	_		CMPO		40-
The prev	ventive maint mber 10,000	enance procedures for or higher) to be follow	the Intoximeters, Model In red at least once every four	ntox EC/II	R II and Model Ir	ntox EC/IR II (En	hanced with
(1) Ve	erify the ethanol gas ca eath simulator thermon	nister displays at least 51 p neter shows 34 degrees, plu	oounds pe us or minu	r square inch (psi is .2 degree centig) of pressure, or t grade;	he alcoholic
((2) Ve	erify instrument display	vs time and date;				
(3) Ini	tiate breath test sequer	nce;				
(4) En	ter information as proi	mpted;				
(5) Ve	erify instrument accura-	су;				
(6) W	hen "PLEASE BLOW"	appears, collect breath sa	mple;			
(7) W	hen "PLEASE BLOW"	appears, collect breath sa	mple;			
(8) Pri	nt test record;					
(9) Ru	n diagnostic program a	and confirm preventive ma	intenance	status of "Pass";	and	
(Sin	rify that the ethanol nulator solution is be- ichever occurs first.	gas canister is being changed every four n	anged bei	fore expiration d after 125 Alcoh	ate, or the alcoloolic Breath Sim	holic breath ulator tests
were per	formed on th	and the instrument is f	A.C. Henry Signature of Certifying C	h current	forgoing prevent regulations of the	ive maintenance e N.C. Departme	procedures

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008939 Test Date: 02/15/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	9:13pm
AIR BLK	.00	9:14pm
ACCY CHK	.07	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M. C. Mayst

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008939 Test Record Number: 1628
Test Date: 02/15/2024 Test Time: 9:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:22pm
FLO	Pass	9:22pm
FC	Pass	9:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:22pm
SRC	Pass	9:22pm
DET	Pass	9:22pm
BAR	Pass	9:22pm
BT	Pass	9:22pm

Blank Tests

Test	Status	Time	
AIR	Pass	9:23pm	

Printer Tests

rest	Status	Time
PRNT	Pass	9:23pm
	CRC Tests	

Status	Time
Pass	9:23pm
Pass	9:23pm
	Pass

Preventive Maintenance Status: Pass

MC Ho
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	tgomen Instrument Location Montgomery County
Instrument Seria	al No. 008657 Detention Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of february, 20 4 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	Salar CANONIA
OLIAN VIDE	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Date: 02/26/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	9:07am
AIR BLK	.00	9:07am
ACCY CHK	.08	9:08am
AIR BLK	.00	9:09am
SUB TEST	.00	9:10am
AIR BLK	.00	9:10am
SUB TEST	.00	9:12am
AIR BLK	.00	9:13am

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

Analyst

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Record Number: 2124 Test Date: 02/26/2024 Test Time: 9:14am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:14am
FLO	Pass	9:14am
FC	Pass	9:14am

Temperature Tests

Test	Status	Time
FC1	Pass	9:15am
SRC	Pass	9:15am
DET	Pass	9:15am
BAR	Pass	9:15am
BT	Pass	9:15am

Blank Tests

Test	Status	Time
AIR	Pass	9:15am

Printer Tests

Test	Status	Time
PRNT	Pass	9:15am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:15am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mov	Hgomery Instrument Location Montgomery County
Instrument Seria	al No. 008709 Detention Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the day of february, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
O THE STATE OF	CAROLINA ALLA CA
CHAM WILL	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Date: 02/26/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	9:08am
AIR BLK	.00	9:08am
ACCY CHK	.07	9:09am
AIR BLK	.00	9:10am
SUB TEST	.00	9:11am
AIR BLK	.00	9:12am
SUB TEST	.00	9:13am
AIR BLK	.00	9:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Record Number: 1471
Test Date: 02/26/2024 Test Time: 9:15am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:15am
FLO	Pass	9:15am
FC	Pass	9:15am

Temperature Tests

Test	Status	Time
FC1	Pass	9:15am
SRC	Pass	9:15am
DET	Pass	9:15am
BAR	Pass	9:15am
BT	Pass	9:15am

Blank Tests

Test	Status	Time
AIR	Pass	9:16ar

Printer Tests

Test	Status	Time
PRNT	Pass	9:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:16am
CAL	Pass	9:16am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	Instrument Location NEW HANOVER COUNTY al No. 008617 DETENTION CENTER
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	the <u>22</u> day of <u>FEBRUARY</u> , 20 <u>24</u> the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal process, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY DETENTION CENTER 640

> Serial Number: 008617 Test Date: 02/22/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 0014-6279 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	4:02pm
AIR BLK	.00	4:03pm
ACCY CHK	.07	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Record Number: 4842 Test Date: 02/22/2024 Test Time: 4:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:10pm
FLO	Pass	4:10pm
FC	Pass	4:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:10pm
SRC	Pass	4:10pm
DET	Pass	4:10pm
BAR	Pass	4:10pm
BT	Pass	4:10pm

Blank Tests

Test	Status	Time
AIR	Pass	4:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:11pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:11pm
CAL	Pass	4:11pm

Preventive Maintenance Status: Pass

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximo,0,000 or higher) to be followed at least o	eters, Model Intox EC/IR II and Model noe every four months are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displa breath simulator thermometer shows	ys at least 51 pounds per square inch (34 degrees, plus or minus .2 degree cer	psi) of pressure, or the alcoholic ntigrade;
(2)	Verify instrument displays time and	date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, co	ollect breath sample;	
(7)	When "PLEASE BLOW" appears, co	ollect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm	preventive maintenance status of "Pass	s"; and
(10)	Verify that the ethanol gas caniste simulator solution is being changed whichever occurs first.	er is being changed before expiration of every four months or after 125 Ale	n date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on were performed and Human Ser	the <u>AA</u> day of <u>FEBRU</u> , don the instrument indicated above, in a vices, and the instrument is functioning to the instrument in the instrument is functioning to the instrument in t	ARY, 2024 the forgoing prevaccordance with current regulations of properly.	entive maintenance procedures the N.C. Department of Health
S Own Ison	ale Ry 1	of Certifying Official	Certificate Number

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Date: 02/22/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	4:00pm
AIR BLK	.00	4:01pm
ACCY CHK	.08	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Record Number: 8525 Test Date: 02/22/2024 Test Time: 4:08pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:08pm
FLO	Pass	4:08pm
FC	Pass	4:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:08pm
SRC	Pass	4:08pm
DET	Pass	4:08pm
BAR	Pass	4:08pm
BT	Pass	4:08pm

Blank Tests

Test	Status	Time
AIR	Pass	4:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:09pm
CAT.	Pagg	4 - 09pm

Preventive Maintenance Status: Pass

Ulm Kg Bons

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoho breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
were performed	the <u>22</u> day of <u>FEBRUARY</u> , 20 <u>24</u> the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heat revices, and the instrument is functioning properly.

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 02/22/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.08	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 3204
Test Date: 02/22/2024 Test Time: 12:01pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:03pm
CAL	Pass	12:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the 22 day of FEBRUARY, 2024 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 02/22/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK	Pass	2:31pm 2:32pm
ACCY CHK	.07	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm

Reported AC: .00 g/210L

Olm Re Ban-Signature of Chemical Analyst

Court CVR

alun Re Bana Analyst

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 2589
Test Date: 02/22/2024 Test Time: 2:38pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:38pm
FLO	Pass	2:38pm
FC	Pass	2:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

Blank Tests

Test	Status	Time
ATD	Pagg	2 · 39nm

Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:39pm 2:39pm

Preventive Maintenance Status: Pass

al Zy Bers Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	AL HANDVER Instrument Location NEW HANDVER COUNT ai No. 008946 DETENTION CENTER
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or were performe and Human Se	the H day of FEBRUARY, 2024 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt revices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years,

Certificate Number

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008946 Test Date: 02/14/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Post

Test	9/2/01	TIME
DIAG	Pass	12:34pm
AIR BLK	.00	12:35pm
ACCY CH	K .08	12:35pm
AIR BLE	.00	12:36pm
SUB TES	T .00	12:37pm
AIR BLK	.00	12:38pm
SUB TES	T .00	12:40pm
AIR BLK	.00	12:40pm

7/210T. Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services

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NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008946 Test Record Number: 1640 Test Date: 02/14/2024 Test Time: 12:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:42pm
FLO	Pass	12:42pm
FC	Pass	12:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:42pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	12:43pm	
CAL	Pass	12:43pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
vere performed	the <u>21</u> day of <u>FEBRUARY</u> , 20 <u>24</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: 008578 Test Date: 02/21/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	11:00am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am

11:05am SUB TEST .00 11:06am AIR BLK .00

Reported AC: .00 g/210L

alu Ra Banes Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: 008578 Test Record Number: 3528 Test Date: 02/21/2024 Test Time: 11:06am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:07am
FLO	Pass	11:07am
FC	Pass	11:07am

Temperature Tests

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11:07am
DET	Pass	11:07am
BAR	Pass	11:07am
BT	Pass	11:07am

Blank Tests

Test	Status	Time	
AIR	Pass	11:08am	

Printer Tests

Test	Status	Time	
PRNT	Pass	11:08am	
	CRC Tests		
Test	Status	Time	
COMP	Pass	11:08am	
CAL	Pass	11:08am	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Se	erial No. 008600 Bnslow 50
The preventive serial number	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced we 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohobreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
vete berrorme	n the day of februa, 2024 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal ervices, and the instrument is functioning properly.
O THE STATE OF	
SAAL B	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008600 Test Date: 02/24/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG38004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:56pm 10:57pm 10:57pm 10:58pm 10:59pm 11:00pm
AIR BLK	.00	11:01pm 11:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008600 Test Record Number: 2685 Test Date: 02/24/2024 Test Time: 11:07pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:08pm
FLO	Pass	11:08pm
FC	Pass	11:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:08pm
SRC	Pass	11:08pm
DET	Pass	11:08pm
BAR	Pass	11:08pm
BT	Pass	11:08pm

Blank Tests

Test	Status	Time
AIR	Pass	11:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:09pm 11:09pm

Preventive Maintenance Status: Pass

Man Enalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County On	Instru	ment Location BAT mobile Unit 7
Instrument Ser	ial No. 008628	onslew so
The preventive serial number	e maintenance procedures for the Intoxir 10,000 or higher) to be followed at least	neters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with once every four months are:
(1)	Verify the ethanol gas canister disp breath simulator thermometer show	lays at least 51 pounds per square inch (psi) of pressure, or the alcoholic s 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and	date;
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, of	collect breath sample;
(7)	When "PLEASE BLOW" appears, of	collect breath sample;
(8)	Print test record;	
(9)	Run diagnostic program and confirm	n preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canist simulator solution is being change whichever occurs first.	er is being changed before expiration date, or the alcoholic breath and every four months or after 125 Alcoholic Breath Simulator tests,
were performed	the day of February don the instrument indicated above, in vices, and the instrument is functioning	, 20 24 the forgoing preventive maintenance procedures accordance with current regulations of the N.C. Department of Health properly.
STATE OF UNIVERSITY OF STATE O	SEE CE	
TO THE PARTY OF TH		
QUAM VIDE	Signature	of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008698 Test Date: 02/10/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK	Pass	11:09pm
ACCY CHK	.00	11:10pm
AIR BLK	.00	11:11pm 11:12pm
SUB TEST	.00	11:12pm
AIR BLK	.00	11:13pm
SUB TEST	.00	11:14pm
AIR BLK	.00	/11:15pm

Reported AC: 100

00 g/210L

Signature of Chemical Analyst

Court CVR

M Chr Analyst

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008698 Test Record Number: 2288
Test Date: 02/10/2024 Test Time: 11:18pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:19pm
FLO	Pass	11:19pm
FC	Pass	11:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:19pm
SRC	Pass	11:19pm
DET	Pass	11:19pm
BAR	Pass	11:19pm
BT	Pass	11:19pm

Blank Tests

Test	Status	Time
AIR	Pass	11:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:20pm
	ana m	

CRC Tests

Test	Status	Time
COMP	Pass	11:20pm
CAL	Pass	11:20pm

Preventive Maintenance Status: Pass

M analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

ne preventive rial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
ertify that on re performed Human Ser	the 24 day of February, 2024 the forgoing preventive maintenance procedures on the instrument indicated above/in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

DHHS 4080 (04/20)

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008698 Test Date: 02/24/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:54pm 10:55pm 10:55pm
AIR BLK	.00	10:56pm
SUB TEST	.00	10:57pm
AIR BLK	.00	10:58pm
SUB TEST	.00	10:59pm
AIR BLK	.00	11:00pm

Reported AC: 90 g/210L

Signature of Chemical Analyst

Court CVR

37 Analyst

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008698 Test Record Number: 2298
Test Date: 02/24/2024 Test Time: 11:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:04pm
FLO	Pass	11:04pm
FC	Pass	11:04pm

Temperature Tests

Status	Time
Pass Pass Pass Pass	11:04pm 11:04pm 11:04pm 11:04pm 11:04pm
	Pass Pass Pass

Blank Tests

	Time
Pass	11:05pm
	Pass

Printer Tests

Test	Status	Time
PRNT	Pass	11:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:05pm 11:05pm

Preventive Maintenance Status: Pass

Malyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County 0	nslow	Instrument Location BAT mobile	
Instrument	Serial No. 6 6 8 7 8 8	swarsboro ?	0
The preven	ntive maintenance procedures for the ber 10,000 or higher) to be followed	Intoximeters, Model Intox EC/IR II and Model I at least once every four months are:	ntox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canist breath simulator thermometer	er displays at least 51 pounds per square inch (per shows 34 degrees, plus or minus .2 degree cent	si) of pressure, or the alcoholic igrade;
(2)	Verify instrument displays ti	me and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompt	ed;	
(5)	Verify instrument accuracy;		
(6)) When "PLEASE BLOW" ap	ppears, collect breath sample;	
(7)) When "PLEASE BLOW" ap	ppears, collect breath sample;	
(8)) Print test record;		
(9)) Run diagnostic program and	confirm preventive maintenance status of "Pass	"; and
(10	 Verify that the ethanol gasimulator solution is being whichever occurs first. 	s canister is being changed before expiration changed every four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
T	de la deves P. L.	, 20 24 the forgoing preve	entive maintenance procedures
were perfe	formed on the instrument indicated a can Services, and the instrument is fun	bove, in accordance with current regulations of	the N.C. Department of Health
OF THE ST	TATE OF A		
		. *	
APRIL SER QUA	AM VILEGA	and	665
		Signature of Certifying Official	Certificate Number

signed original of the preventive maintenance record shall be kept on file for at least three years.

HHS 4080 (04/20)

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008788 Test Date: 02/10/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G

Permit Number: 0013-1517

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:36pm
AIR BLK	.00	9:36pm
ACCY CHK	.08	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm

Reported AC:

√00 g/210L

Signature of Chemical Analyst

Court CVR

27 Analyst

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008788 Test Record Number: 2166
Test Date: 02/10/2024 Test Time: 9:46pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:46pm
FLO	Pass	9:46pm
FC	Pass	9:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:46pm
SRC	Pass	9:46pm
DET	Pass	9:46pm
BAR	Pass	9:46pm
BT	Pass	9:46pm

Blank Tests

Test	Status	Time
AIR	Pass	9:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:47pm

CRC Tests

Test	Status	Time
COMP	Pass	9:47pm
CAL	Pass	9:47pm

Preventive Maintenance Status: Pass

Analyst

Jet auc

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
1	the 24 day of February, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008788 Test Date: 02/24/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	10:51pm 10:52pm 10:53pm 10:54pm 10:56pm 10:57pm 10:59pm 11:00pm
		OOPIII

Reported AC:

g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008788 Test Record Number: 2180
Test Date: 02/24/2024 Test Time: 11:01pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:02pm
FLO	Pass	11:02pm
FC	Pass	11:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:02pm
SRC	Pass	11:02pm
DET	Pass	11:02pm
BAR	Pass	11:02pm
BT	Pass	11:02pm

Blank Tests

Status	Time
Pass	11:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:03pm

Pass

11:03pm

Preventive Maintenance Status: Pass

CAL

man

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County OA	13LOW	Instrument Location	MCA		
Instrument Ser	ial No. 008919	-	NEW	RIVER	PMO
The preventive serial number	maintenance procedures for the 10,000 or higher) to be followed	e Intoximeters, Model Into at least once every four n	ox EC/IR II and	l Model Intox E	СЛК II (Enhanced wit
(1)	Verify the ethanol gas canis breath simulator thermomet	ter displays at least 51 po er shows 34 degrees, plus	unds per squar or minus .2 de	e inch (psi) of pr gree centigrade;	essure, or the alcoholi
(2)	Verify instrument displays t	ime and date;			
(3)	Initiate breath test sequence	;			
(4)	Enter information as promp	ted;			
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" a	ppears, collect breath sam	ple;		
(7)	When "PLEASE BLOW" ag	When "PLEASE BLOW" appears, collect breath sample;			
(8)	Print test record;				
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and				
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being chan changed every four mo	ged before ex onths or after	piration date, or 125 Alcoholic E	r the alcoholic breath Breath Simulator tests
I certify that or were performe and Human Ser	the <u>Al</u> day of <u>FEBR</u> d on the instrument indicated all rvices, and the instrument is fund	2, Ben	8	g preventive m ions of the N.C.	aintenance procedure Department of Healt
		ignature of Certifying Of	ficial	Cert	ifianta Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 02/21/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 0014-6279 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:08am
AIR BLK	.00	10:08am
ACCY CHK	.07	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:13am
ATR BLK	0.0	10.14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 890 Test Date: 02/21/2024 Test Time: 10:15am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:15am
FLO	Pass	10:15am
FC	Pass	10:15am

Temperature Tests

Test	Status	Time
FC1	Pass	10:15am
SRC	Pass	10:15am
DET	Pass	10:15am
BAR	Pass	10:15am
BT	Pass	10:15am

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

Test	Status	Time
PRNT	Pass	10:16am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:16am
CAL	Pass	10:16am

Preventive Maintenance Status: Pass

alu Rg Bana Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Ser	al No. 008920	Pr	no
morument Sci	al 140		
The preventive serial number	maintenance procedures for the Intoximeters, Model I 0,000 or higher) to be followed at least once every fou	ntox EC/IR II and Mor months are:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 breath simulator thermometer shows 34 degrees, pl	pounds per square inc lus or minus .2 degree	h (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sa	ample;	
(7)	When "PLEASE BLOW" appears, collect breath sa	ample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive ma	aintenance status of "F	ass"; and
(10)	Verify that the ethanol gas canister is being ch simulator solution is being changed every four whichever occurs first.	anged before expirat months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performed	the 21 day of FEBRUARY, 20 on the instrument indicated above, in accordance wivices, and the instrument is functioning properly.	24 the forgoing path current regulations	reventive maintenance procedures of the N.C. Department of Health

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 02/21/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	1:26pm
AIR BLK	.00	1:27pm
ACCY CHK	- 08	1:27pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 2178
Test Date: 02/21/2024 Test Time: 1:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:34pm
FLO	Pass	1:34pm
FC	Pass	1:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
BT	Pass	1:34pm

Blank Tests

Test	Status	Time
AIR	Pass	1:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm

CRC Tests

Test	Status	Time	
COMP	Pass	1:35pm	
CAL	Pass	1:35pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the <u>28</u> day of <u>FEBRUARY</u> , 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 02/28/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

g/210L	Time
Pass	10:06am
.00	10:07am
.08	10:07am
.00	10:08am
.00	10:09am
.00	10:10am
.00	10:12am
.00	10:13am
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ale IZg Ban Analyst

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2275 Test Date: 02/28/2024 Test Time: 10:13am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:14am
FLO	Pass	10:14am
FC	Pass	10:14am

Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
BT	Pass	10:14am

Blank Tests

Test	Status	Time
AIR	Pass	10:14am

Printer Tests

Test	Status	Time
PRNT	Pass	10:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:15am

Pass

10:15am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seria	al No. <u>008931</u>		DETENTION	CENTER
The preventive serial number I	maintenance procedures for the 0,000 or higher) to be followed a	Intoximeters, Model I at least once every fou	intox EC/IR II and Model Int r months are:	tox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canist breath simulator thermomete	er displays at least 51 r shows 34 degrees, p	pounds per square inch (psi) lus or minus .2 degree centig	of pressure, or the alcoholic rade;
(2)	Verify instrument displays ti	me and date;		
(3)	Initiate breath test sequence;			
(4)	Enter information as prompte	ed;		
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" ap	pears, collect breath s	ample;	
(7)	When "PLEASE BLOW" ap	pears, collect breath s	ample;	
(8)	Print test record;			
(9)	Run diagnostic program and	confirm preventive m	aintenance status of "Pass";	and
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.			
I certify that on were performed and Human Ser	the <u>21</u> day of <u>FEB</u> d on the instrument indicated ab vices, and the instrument is fund	EUAP , 20 nove, in accordance w tioning properly.	24 the forgoing preventith current regulations of the	ive maintenance procedures N.C. Department of Health
S QUAN YOU	2 CV.	La Ben	~	648

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Date: 02/21/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	3:17pm
AIR BLK	.00	3:18pm
ACCY CHK	.07	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:22pm
SUB TEST	.00	3:23pm
AIR BLK	.00	3:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

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ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Record Number: 4660 Test Date: 02/21/2024 Test Time: 3:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:26pm
FLO	Pass	3:26pm
FC	Pass	3:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:26pm
SRC	Pass	3:26pm
DET	Pass	3:26pm
BAR	Pass	3:26pm
BT	Pass	3:26pm

Blank Tests

Test	Status	Time
AIR	Pass	3:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:27pm
	ALCOHOL: NO	

CRC Tests

Test	Status	ıs Time
COMP	Pass	3:27pm
CAL	Pass	3:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	Instrument Location_	ONOLOW	COUNTY
008932		DETENTION	COUNTY V CENTER
enance procedures for the or higher) to be followed	e Intoximeters, Model Int at least once every four	tox EC/IR II and Model I months are:	ntox EC/IR II (Enhanced wit
rify the ethanol gas canis	ster displays at least 51 pe er shows 34 degrees, plus	ounds per square inch (ps s or minus .2 degree centi	i) of pressure, or the alcoholi igrade;
erify instrument displays	time and date;		
itiate breath test sequence	*		
ter information as promp	ited;		
erify instrument accuracy			
hen "PLEASE BLOW" a	ppears, collect breath san	nple;	
hen "PLEASE BLOW" a	ppears, collect breath san	mple;	
int test record;			
ın diagnostic program an	d confirm preventive mai	ntenance status of "Pass"	; and
			date, or the alcoholic breath holic Breath Simulator tests
Al day of FEG ne instrument indicated a and the instrument is fun	BRUARY, 202 bove, in accordance with actioning properly.	the forgoing preven current regulations of the	ntive maintenance procedure ne N.C. Department of Healt
2	al.	Alu Za Bares Signature of Certifying O	Alu Za Bares Signature of Certifying Official

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Date: 02/21/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	3:15pm
AIR BLK	.00	3:16pm
ACCY CHK	.08	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:21pm
ATR BLK	0.0	3:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Record Number: 7264
Test Date: 02/21/2024 Test Time: 3:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:22pm
FLO	Pass	3:22pm
FC	Pass	3:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:22pm
SRC	Pass	3:22pm
DET	Pass	3:22pm
BAR	Pass	3:22pm
BT	Pass	3:22pm

Blank Tests

Test	Status	Time
AIR	Pass	3:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:23pm
CAL	Pass	3:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

		ANGE Instrument Location DRANGE Co. Datentim Un	
Instr	ument Ser	rial No. 008839 1200 US Huy 70 Wes	T
		Hillsborough, NL	
The seria	preventive l number l	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanc 10,000 or higher) to be followed at least once every four months are:	ed with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the all breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	coholic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	breath r tests,
were	performed	the	edures Health
COLAT STA	APPUL 12 UTG	Simon Stokes Barnes 662	
		Signature of Certifying Official Certificate Number	

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008839 Test Date: 02/13/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	1:20pm
AIR BLK	.00	1:21pm
ACCY CHK	.08	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008839 Test Date: 02/13/2024

Test Record Number: 2728
Test Time: 1:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	1:28pm
	Pass	1:28pm
FC	Pass	1:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
BT	Pass	1:28pm

Blank Tests

Test	Status	Time

AIR Pass 1:28pm

Printer Tests

Test	Status	Time

PRNT Pass 1:28pm

CRC Tests

Test Status Time

COMP Pass 1:29pm CAL Pass 1:29pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County 6	PRANCE Instrument Location CARRONO PT	
Instrument Se	erial No. 00 89 24 100 N. Greens	born ST
-	CARIBURA, NC	born ST
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 10,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (p breath simulator thermometer shows 34 degrees, plus or minus .2 degree cen	osi) of pressure, or the alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"	; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	dote 4 1 1 1 1 1 1
I certify that or were performed and Human Ser	the day of, 202 4 the forgoing prever d on the instrument indicated above, in accordance with current regulations of the tryices, and the instrument is functioning properly.	ntive maintenance procedures he N.C. Department of Health
THE STATE OF THE PARTY OF THE P	Sun Alla Burn	1/2
	Signature of Certifying Official	Certificate Number

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008924 Test Date: 02/08/2024

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG AIR BLK	Pass .00	6:47pm 6:47pm
ACCY CHK	.08	6:48pm
AIR BLK SUB TEST	.00	6:49pm 6:50pm
AIR BLK	.00	6:51pm
SUB TEST	.00	6:52pm
AIR BLK	.00	6:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008924 Test Record Number: 1883
Test Date: 02/08/2024 Test Time: 6:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:54pm 6:54pm
FC	Pass	6:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:54pm
SRC	Pass	6:54pm
DET	Pass	6:54pm
BAR	Pass	6:54pm
BT	Pass	6:54pm

Blank Tests

Test	Status	Time
AIR	Pass	6:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:55pm 6:55pm

Preventive Maintenance Status: Pass

Simm 8 foles Dries Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County On	ANGE Instrument Location Carrbon PD
Instrument Se	100 N. Greensboro 37 CAMBURO, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
	the 12 day of 12 day of 24 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal vices, and the instrument is functioning properly.
STATE OF THE STATE	CAROLL CA
ONAN AIDE	Simon 8 folces Samos 662
	Signature of Certifying Official Certificate Number

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945 Test Date: 02/12/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG AIR BLK	Pass	7:20am
	.00	7:20am
ACCY CHK	.08	7:21am
AIR BLK	.00	7:22am
SUB TEST	.00	7:23am
AIR BLK	.00	7:23am
SUB TEST	.00	7:25am
AIR BLK	.00	7:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945 Test Record Number: 760 Test Date: 02/12/2024 Test Time: 7:29am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	7:29am 7:29am
10	Pass	7:29am

Temperature Tests

Test	Status	Time
FC1	Pass	7:30am
SRC	Pass	7:30am
DET	Pass	7:30am
BAR	Pass	7:30am
BT	Pass	7:30am

Blank Tests

Test	Status	Time
AIR	Pass	7:30am

Printer Tests

Test	Status	Time
PRNT	Pass	7:30am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:30am 7:30am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Pas	agustank Instrument Location Elizabeth C	City P.D.
Instrument Seria	1 No. 008941 315 Main	St. Elizabeth Cit
		NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mod 0,000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch breath simulator thermometer shows 34 degrees, plus or minus .2 degree co	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pa	ass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the day of, 20, 20, 20 the forgoing pre on the instrument indicated above, in accordance with current regulations ovices, and the instrument is functioning properly.	eventive maintenance procedures of the N.C. Department of Health
THE STATE OF THE S	Sam CAROLLE TO THE STATE OF THE	680
	Signature of Certifying Official	Certificate Number

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Date: 02/09/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Chappell, Mark A Permit Number: 0020-6272

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG212403 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	10:49am
AIR BLK	.00	10:49am
ACCY CHK	.07	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:55am
AIR BLK	.00	10:55am

gnature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services

Rev. 12/2007

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Record Number: 1648 Test Date: 02/09/2024 Test Time: 10:57am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:57am
FLO	Pass	10:57am
FC	Pass	10:57am

Temperature Tests

Test	Status	Time
FC1	Pass	10:57am
SRC	Pass	10:57am
DET	Pass	10:57am
BAR	Pass	10:57am
BT	Pass	10:57am

Blank Tests

Test	Status	Time
AIR	Pass	10:58am

Printer Tests

Most Status

	CRC Tests	
PRNT	Pass	10:58am
rest	Status	Time

Test	Status	Time
COMP	Pass	10:58am
CAL	Pass	10:58am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Pas	iguatank Instrument Location Pasquetank Co. Public Safety
Instrument Seria	al No. 008950 ZwE, Colonial Ave.
	Elizabeth City, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the
THE STATE OF A STATE O	
-1133555	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 02/08/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	10:20am
AIR BLK	.00	10:21am
ACCY CHK	.07	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 2100 Test Date: 02/08/2024 Test Time: 10:28am EST

System Check: Passed

Baseline Tests

Status	Time
Pass	10:28am
Pass	10:28am
Pass	10:28am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	10:28am
SRC	Pass	10:28am
DET	Pass	10:28am
BAR	Pass	10:28am
BT	Pass	10:28am

Blank Tests

Test	Status	Time
AIR	Pass	10:29am

Printer Tests

Test	Status	Time
PRNT	Pass	10:29am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:29am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County PE	MAER	Instrument Location_	PENDER	COUNTY	
Instrument Seri	ial No. <u>00 8935</u>	-	DETENTI	ION CENTE	12_
The preventive serial number 1	maintenance procedures for the la 0,000 or higher) to be followed at	ntoximeters, Model In least once every four	ntox EC/IR II and Mode months are:	lel Intox EC/IR II (Enhan	ced with
(1)	Verify the ethanol gas canisted breath simulator thermometer	r displays at least 51 p shows 34 degrees, plu	oounds per square inch us or minus .2 degree ce	(psi) of pressure, or the a entigrade;	alcoholid
(2)	Verify instrument displays tim	ne and date;			
(3)	Initiate breath test sequence;				
(4)	Enter information as prompted	1;			
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" appears, collect breath sample;				
(7)	When "PLEASE BLOW" appears, collect breath sample;				
(8)	Print test record;				
(9)	Run diagnostic program and c	onfirm preventive ma	intenance status of "Pas	iss"; and	
(10)	Verify that the ethanol gas simulator solution is being of whichever occurs first.				
certify that on vere performed ind Human Ser	the <u>20</u> day of <u>FEB2</u> d on the instrument indicated abovices, and the instrument is function	ve, in accordance with oning properly.	24 the forgoing pre- h current regulations o	eventive maintenance proof the N.C. Department of	ocedure of Health
	Sig	nature of Certifying C	Official	Certificate Numbe	r

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 02/20/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:08am
AIR BLK	.00	11:09am
ACCY CHK	.07	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:15am
AIR BLK	.00	11:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Record Number: 3422 Test Date: 02/20/2024 Test Time: 11:16am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:16am
FLO	Pass	11:16am
FC	Pass	11:16am

Temperature Tests

Test	Status	Time
FC1	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
BT	Pass	11:17am

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

Test Status Time

PRNT	Pass	11:17am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:17am

CAL Pass 11:17am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrumer	nt Serial No	008924 120 Count 81	Roxboro NC
			, contra , N =
The preve	entive main nber 10,000	enance procedures for the Intoximeters, Model Intox EC/IR II and M or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
(1		erify the ethanol gas canister displays at least 51 pounds per square inceath simulator thermometer shows 34 degrees, plus or minus .2 degree	ch (psi) of pressure, or the alcoholic e centigrade;
(2	2) V	erify instrument displays time and date;	
(3	s) In	itiate breath test sequence;	
(4) E1	ter information as prompted;	
(5	5) V	erify instrument accuracy;	
(6	5) W	hen "PLEASE BLOW" appears, collect breath sample;	
(7	") W	hen "PLEASE BLOW" appears, collect breath sample;	
(8	B) P1	int test record;	
(9)) R	an diagnostic program and confirm preventive maintenance status of "	Pass"; and
(1	si	erify that the ethanol gas canister is being changed before expira- nulator solution is being changed every four months or after 125 nichever occurs first.	
were perf	formed on t	day of	preventive maintenance procedures s of the N.C. Department of Health
THE GREAT CALL	20 TO ARROW		
TARITA AND	L 12 1776		662

PERSON COUNTY PERSON COUNTY LEC 720

Serial Number: 008924 Test Date: 02/22/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

g/210L	Time
Pass	9:23am
.00	9:24am
.08	9:25am
.00	9:26am
.00	9:27am
.00	9:28am
.00	9:29am
.00	9:30am
	Pass .00 .08 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Somon States Barres
Analyst

PERSON COUNTY PERSON COUNTY LEC 720

Serial Number: 008924 Test Record Number: 1907
Test Date: 02/22/2024 Test Time: 9:30am EST

System Check: Passed

Baseline Tests

Status	Time
Pass	9:31am
Pass Pass	9:31am 9:31am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	9:31am
SRC	Pass	9:31am
DET	Pass	9:31am
BAR	Pass	9:31am
BT	Pass	9:31am

Blank Tests

Test	Status	Time	
AIR	Pass	9:32am	

Printer Tests

Test	Status	Time
PRNT	Pass	9:32am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:32am
CAL	Pass	9:32am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Instrument Location Pr.H Co. 1	Detention Center
Instrument Seri	Instrument Location Pr.H Co. 1 al No. 00 8668 124 New	Hope RJ., Greenville
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degrees.	inch (psi) of pressure, or the alcoholic ree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	f "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 12 whichever occurs first.	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
were performed	the 21 day of February, 202 the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	g preventive maintenance procedures ons of the N.C. Department of Health
STATE	CAROL STATE OF THE	
APRIL 12 1776	The Q Au	643
	Signature of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 02/21/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D
Permit Number: 0037-7722
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	9:44am 9:45am 9:46am 9:47am 9:48am 9:48am
SUB TEST	.00	9:50am
ATR BLK	-00	9:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 4637
Test Date: 02/21/2024 Test Time: 9:53am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:54am
FLO	Pass	9:54am
FC	Pass	9:54am

Temperature Tests

Test	Status	Time
FC1	Pass	9:54am
SRC	Pass	9:54am
DET	Pass	9:54am
BAR	Pass	9:54am
BT	Pass	9:54am

Blank Tests

Test	Status	Time
AIR	Pass	9:54am

Printer Tests

Test	Status	Time
PRNT	Pass	9:55am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:55am

Preventive Maintenance Status: Pass

Pass

CAL

9:55am

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and

MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Poll	Instrument Location Polity County Janl
Instrument Seri	al No. 008832 Columbus, nc
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
S WE STATE OF THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL	CAROLL CASON
	Signature of Certifying Official Certificate Number

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008832 Test Date: 02/08/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:58am
AIR BLK	.00	10:59am
ACCY CHK	.08	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:04am
AIR BLK	-00	11 • 05 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008832 Test Record Number: 1846 Test Date: 02/08/2024 Test Time: 11:05am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:05am

Temperature Tests

Test	Status	Time
FC1	Pass	11:06am
SRC	Pass	11:06am
DET	Pass	11:06am
BAR	Pass	11:06am
BT	Pass	11:06am

Blank Tests

Test	Status	Time
AIR	Pass	11:06am

Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:06am
CAL	Pass	11:06am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive n	Instrument Location Polk County Jail [No.00888] Columbus, NC
The preventive n	
scriai number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit, 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	day of
S ASS QUAM VIDEO N	
	Signature of Certifying Official Certificate Number

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008881 Test Date: 02/08/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

Reported AC: .00 g/2/OL

Signature of Chemical Analyst

Court CVR

Analysi

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008881 Test Record Number: 1168

System Check: Passed

Baseline Tests

Status	Time
Pass	11:06am
Pass Pass	11:06am 11:06am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	11:06am
SRC	Pass	11:06am
DET	Pass	11:06am
BAR	Pass	11:06am
BT	Pass	11:06am

Blank Tests

Test	Status	Time
AIR	Pass	11:07am

Printer Tests

Test	Status	Time
PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time

COMP Pass 11:07a	
	m
CAL Pass 11:07a	m

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	NO.008830 Instrument Location / IBERTY FOLICE DEPARTMENT
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on t were performed and Human Serv	the day of <u>FEBRUARY</u> , 20 24 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rices, and the instrument is functioning properly.
SAR	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Date: 02/02/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:35am
AIR BLK	.00	10:35am
ACCY CHK	.08	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Record Number: 842 Test Date: 02/02/2024 Test Time: 10:43am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:43am 10:43am
FC	Pass	10:43am

Temperature Tests

Test	Status	Time
FC1	Pass	10:43am
SRC	Pass	10:43am
DET	Pass	10:43am
BAR	Pass	10:43am
BT	Pass	10:43am

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

Printer Tests

Test	Status	Time
PRNT	Pass	10:44am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:44am
CAL	Pass	10:44am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	g ^a		•		
County R	CHMOND	Instrument Loc	cation RICHM	IOND .	COUNTY
Instrument Seria	1 No:008701		MAGIST	RATES	OFFICE
	maintenance procedures for th 0,000 or higher) to be followed			nd Model Intox I	CC/IR II (Enhanced wit
(1)	Verify the ethanol gas cani breath simulator thermome				
(2)	Verify instrument displays	time and date;		•	
(3)	Initiate breath test sequence	e;			
(4)	Enter information as promp	oted;			
(5)	Verify instrument accuracy	·• •			
(6)	When "PLEASE BLOW" a	ppears, collect bre	eath sample;		
(7)	When "PLEASE BLOW" a	ppears, collect bre	eath sample;		
(8)	Print test record;	i			
(9)	Run diagnostic program an	d confirm preventi	ive maintenance status	of "Pass"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.				
	the S day of Far on the instrument indicated a ices, and the instrument is fur		ce with current regula	ng preventive r	naintenance procedure . Department of Health
THE STATE OF	<i>5</i> ~				

Signature of Certifying Official

Certificate Number

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Date: 02/08/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:02pm 12:03pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm

Reported AC: .00 g/210L

Signature of hemical Analyst

Court CVR



RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Date: 02/08/2024 Test Record Number: 1428

2024 Test Time: 12:08pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:08pm 12:08pm
FC	Pass	12:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
BT	Pass	12:09pm

Blank Tests

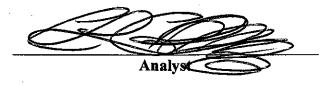
Test	Status	Time
AIR	Pass	12:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	

rest	Status	TIME
COMP	Pass	12:09pm
CAL	Pass	12:09pm

Preventive Maintenance Status: Pass



PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and IODEL INTOX EC/IR II (Enhanced with cariol number 10 000 on bird

MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_R/	CHMOND Instrument Location RICHMOND COUNTY
Instrument Serial	NO. OOSSAO MAGISTRATES OFFICE
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	day of <u>FERMARY</u> , 20 <u>SA</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
STATEON	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

Signature of Certifying Official

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Date: 02/08/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	11:57am 11:57am 11:58am 11:59am
SUB TEST	.00	12:01pm
AIR BLK SUB TEST	.00 .00	12:02pm 12:04pm
ATR BLK	0.0	12:05pm

Reported AC: .00 g/210L

Signature of Cherical Analyst

Court CVR

Analys

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840

Test Record Number: 3013

Test Date: 02/08/2024

Test Time: 12:07pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:07pm 12:07pm
FC	Pass	12:07pm

Temperature Tests

SRC Pass 12:08pm DET Pass 12:08pm	Test	Status	Time
BT Pass 12:08pm	SRC DET BAR	Pass Pass Pass	12:08pm 12:08pm 12:08pm 12:08pm
	BT.	Pass	12:08pm

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm

CRC Tests

Test	Status	Time
COMP	Pass	12:08pm
CAL	Pass	12:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and

MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Beson Instrument Location BAT Mobile Unit 5
Instrument Serial	No. 00 8575 Roberon County SO
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
ere periormed	the 21st day of February, 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
THE GRANT TO THE STATE OF THE S	
4111	Signature of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Date: 02/21/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG AIR BLK	Pass	1:22pm 1:23pm
ACCY CHK	.08	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm

Reported AC: .00 g/2

Signature Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Malyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Record Number: 1430 Test Date: 02/21/2024 Test Time: 1:30pm EST

System Check: Passed

Baseline Tests

Status	Time	
Pass	1:30pm	
Pass	1:30pm	
Pass	1:30pm	
	Pass Pass	

Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Status	Time	
Pass	1:31pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:31pm

1:31pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County	Robeson Instrument Location BAT Mobile Unit 5
	Instrument Ser	ial No. 00 6575 Lumberton PD
		e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
)	(5)	Verify instrument accuracy;
,	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performe	the 22 rd day of February, 20 24 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health process, and the instrument is functioning properly.
	STATE OF THE STATE	
	A SUAM VIDE	Signature of Certifying Official Certificate Number
1		Serial Communication of the Co

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Date: 02/22/2024

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG AIR BLK	Pass	9:09pm 9:10pm
ACCY CHK	.08	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:13pm
SUB TEST	.00	9:14pm
AIR BLK	.00	9:15pm

Reported AC:

7 g/210L

Signature Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Record Number: 1432 Test Date: 02/22/2024 Test Time: 9:16pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:16pm
FLO	Pass	9:16pm
FC	Pass	9:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:16pm
SRC	Pass	9:16pm
DET	Pass	9:16pm
BAR	Pass	9:16pm
BT	Pass	9:16pm

Blank Tests

Test	Status	Time
AIR	Pass	9:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:17pm
	CRC Tests	
_		

Test	Status	Time
COMP	Pass	9:17pm
CAL	Pass	9:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County	obeson Instrument Location BAT Mobile Unit 5
	Instrument Serial	No. 008C16 Robeson County SO
	The preventive m serial number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
,	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed of	the day of February, 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	TAS QUAM VICTOR	C8Y
à:		ignature of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Date: 02/09/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG AIR BLK	Pass	8:39pm
ACCY CHK	.00	8:40pm 8:41pm
AIR BLK SUB TEST	.00	8:42pm 8:42pm
AIR BLK	.00	8:44pm
SUB TEST	.00	8:45pm
AIR BLK	.00	8:46pm

Reported AC: .00 q/210

Signature Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Record Number: 2822
Test Date: 02/09/2024 Test Time: 8:47pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:47pm
FLO	Pass	8:47pm
FC	Pass	8:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:47pm
SRC	Pass	8:47pm
DET	Pass	8:47pm
BAR	Pass	8:47pm
BT	Pass	8:47pm

Blank Tests

Test	Status	Time
AIR	Pass	8:48pm

Printer Tests

Test Status Time

PRNT	Pass	8:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:48pm

8:48pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County	beson Instrument Location BAT Mobile Units		
	Instrument Serial	No. 00 8616 Lumberton PD		
	The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:			
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
	(2)	Verify instrument displays time and date;		
	(3)	Initiate breath test sequence;		
	(4)	Enter information as prompted;		
	(5)	Verify instrument accuracy;		
,	(6)	When "PLEASE BLOW" appears, collect breath sample;		
	(7)	When "PLEASE BLOW" appears, collect breath sample;		
	(8)	Print test record;		
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	were performed of	ac 15 th day of February, 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.		
	THE STATE OF THE S	Cox 4		
A	350	Signature of Certifying Official Certificate Number		

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Date: 02/15/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	8:08pm
AIR BLK	.00	8:09pm
ACCY CHK	.08	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm
SUB TEST	.00	8:14pm
AIR BLK	.00	8:15pm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Record Number: 2824
Test Date: 02/15/2024 Test Time: 8:16pm EST

System Check: Passed

Baseline Tests

Status	Time
Pass	8:16pm
Pass	8:16pm
Pass	8:16pm
	Pass Pass

Temperature Tests

Status	Time
Pass Pass	8:16pm 8:16pm
Pass	8:16pm
Pass Pass	8:16pm 8:16pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATP	Dage	8 - 17nm

Printer Tests

TEST	blatus	111116
PRNT	Pass	8:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:17pm

8:17pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath.	County	Seson Instrument Location BAT Mobile Unit 5
serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 3 day of da	Instrument Seria	INO. 008647 St. Pauls PD
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 3 day of Forest Alcoholic Breath Simulator test whichever occurs first.	The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 3 day of day	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 3 ⁻¹ day of	(2)	Verify instrument displays time and date;
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 3 day of 4 day of 5 day of 6 day of 6 day of 6 day of 7 day of 7 day of 7 day of 8 day of 8 day of 8 day of 8 day of 9	(3)	Initiate breath test sequence;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 3rd day of factor of the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(4)	Enter information as prompted;
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 3rd day of factor of the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(5)	Verify instrument accuracy;
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 3 ^{-d} day of February, 2024 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(6)	When "PLEASE BLOW" appears, collect breath sample;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 3rd day of February, 2024 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(7)	When "PLEASE BLOW" appears, collect breath sample;
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 3-d day of	(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 3 ^{-d} day of	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
I certify that on the 3rd day of February, 2024 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt and Human Services, and the instrument is functioning properly.	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
THE STATE OF THE S	I certify that on t were performed and Human Serv	he 3-d day of February, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
Signature of Certifying Official Certificate Number	O THE STATE OF ANY 20, 1779 ANY	B N

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Date: 02/03/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	7:43pm
AIR BLK	.00	7:44pm
ACCY CHK	.08	7:45pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:46pm
AIR BLK	.00	7:47pm
SUB TEST	.00	7:49pm
AIR BLK	.00	7:49pm

Reported AC:

g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770
Serial Number: 008647 Test Record Number: 2817
Test Date: 02/03/2024 Test Time: 7:51pm EST
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:51pm
FLO	Pass	7:51pm
FC	Pass	7:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:51pm
SRC	Pass	7:51pm
DET	Pass	7:51pm
BAR	Pass	7:51pm
BT	Pass	7:51pm

Blank Tests

Test	Status	Time
AIR	Pass	7:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:52pm

CRC Tests

Test	Status	Time
COMP	Pass	7:52pm
CAL	Pass	7:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and

MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Rol	Deson Instrument Location BAT Mobile Unit 5
Instrument Serial	No. 008647 Fairmont PD
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	ne day of Force , 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
O PA STATE ON NO.	Signature of Certifying Official Certificate Number

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ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Date: 02/16/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101

Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	7:25pm
AIR BLK	.00	7:26pm
ACCY CHK	.08	7:26pm
AIR BLK	.00	7:27pm
SUB TEST	.00	7:28pm
AIR BLK	.00	7:29pm
SUB TEST	.00	7:30pm
AIR BLK	.00	7:31pm

Reported AC:

90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Record Number: 2819
Test Date: 02/16/2024 Test Time: 7:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:33pm
FLO	Pass	7:33pm
FC	Pass	7:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:33pm
SRC	Pass	7:33pm
DET	Pass	7:33pm
BAR	Pass	7:33pm
BT	Pass	7:33pm

Blank Tests

Test	Status	Time
AIR	Pass	7:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:34pm

CRC Tests

Test	Status	Time
COMP	Pass	7:34pm
CAL	Pass	7:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	obeson Instrument Location BAT Mobile Unit S
Instrument Serial	No. 008647 Lumberton PD
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	ne 29th day of February, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
THE STATE OF NO.	C84
200000	Signature of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Date: 02/29/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	9:10pm
AIR BLK	.00	9:11pm
ACCY CHK	.08	9:12pm
AIR BLK	.00	9:13pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:16pm
AIR BLK	.00	9.17pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770
Serial Number: 008647 Test Record Number: 2825
Test Date: 02/29/2024 Test Time: 9:17pm EST
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:18pm
FLO	Pass	9:18pm
FC	Pass	9:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:18pm
SRC	Pass	9:18pm
DET	Pass	9:18pm
BAR	Pass	9:18pm
BT	Pass	9:18pm

Blank Tests

Test	Status	Time
AIR	Pass	9:19pm

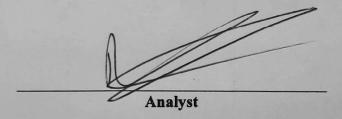
Printer Tests

Test	Status	Time
PRNT	Pass	9:19pm

CRC Tests

Test	Status	Time
COMP	Pass	9:19pm
CAL	Pass	9:19pm

Preventive Maintenance Status: Pass



PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County	beson Instrument Location BAT Mobile Unit 5
	Instrument Serial	No. 008704 Robeson County SO
	The preventive m serial number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
)	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed of	the day of February . 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	STATE OF THE STATE	684
		Signature of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 02/09/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	8:41pm
AIR BLK	.00	8:42pm
ACCY CHK	.08	8:43pm
AIR BLK	.00	8:44pm
SUB TEST	.00	8:44pm
AIR BLK	.00	8:45pm
SUB TEST	.00	8:47pm
AIR BLK	.00	8:48pm

Reported AC: 00 g/210

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Record Number: 862
Test Date: 02/09/2024 Test Time: 8:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:48pm
FLO	Pass	8:48pm
FC	Pass	8:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:49pm
SRC	Pass	8:49pm
DET	Pass	8:49pm
BAR	Pass	8:49pm
BT	Pass	8:49pm

Blank Tests

Test	Status	Time
AIR	Pass	8:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:49pm

CRC Tests

Test	Status	Time
COMP	Pass	8:49pm
CAL	Pass	8:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_ Roy	beson Instrument Location BAT Mobile Units
Instrument Serial	No. 00 8704 Instrument Location BAT Mobile Units Roberson County So
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	the 21st day of February, 20 2 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
AND GRAM AREA TO THE STATE OF T	684
	Signature of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 02/21/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG AIR BLK	Pass	1:24pm 1:25pm
ACCY CHK	.08	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1.31pm

Reported AC:

g/210I

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Record Number: 864
Test Date: 02/21/2024 Test Time: 1:32pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:32pm
FLO	Pass	1:32pm
FC	Pass	1:32pm

Temperature Tests

Status	Time
Pass	1:32pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

1:33pm

1:33pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Lobeson Instrument Location BAT Mobile Unit S
Instrument So	erial No. 008704 Lumberton PD
	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7).	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perform	on the 22 ^{nt} day of February, 20 24 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
STATE AND DESCRIPTION OF THE STATE OF THE ST	684
4000	Signature of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 02/22/2024

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	9:06pm
AIR BLK	.00	9:07pm
ACCY CHK	.08	9:08pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:13pm

Reported AC:

80 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Record Number: 866
Test Date: 02/22/2024 Test Time: 9:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:15pm
FLO	Pass	9:15pm
FC	Pass	9:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:15pm
SRC	Pass	9:15pm
DET	Pass	9:15pm
BAR	Pass	9:15pm
BT	Pass	9:15pm

Blank Tests

Test	Status	Time	
AIR	Pass	9:16pm	

Printer Tests

Test	Status	Time	
PRNT	Pass	9:16pm	

CRC Tests

Status	Time	
Pass	9:16pm	
Pass	9:16pm	
	Pass	

Preventive Maintenance Status: Pass

Analyst



PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County Rob	eson Instrument Location BAT Mobile Unit 5
	Instrument Serial	No. 008707 Lumberton PD
		nintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
9	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
		the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ees, and the instrument is functioning properly.
	O THE STATE OF AL	
	THE CHAN VICES	A A A A A A A A A A A A A A A A A A A
À	The state of the s	Signature of Certifying Official Certificate Number



ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Date: 02/15/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	8:10pm
AIR BLK	.00	8:11pm
ACCY CHK	.07	8:11pm
AIR BLK	.00	8:12pm
SUB TEST	.00	8:13pm
AIR BLK	.00	8:14pm
SUB TEST	.00	8:15pm
AIR BLK	.00	8 16pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Record Number: 2820
Test Date: 02/15/2024 Test Time: 8:17pm EST

System Check: Passed

Baseline Tests

Status	Time
Pass	8:17pm
Pass	8:17pm
Pass	8:17pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	8:18pm
SRC	Pass	8:18pm
DET	Pass	8:18pm
BAR	Pass	8:18pm
BT	Pass	8:18pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:18pm	

Printer Tests

Test	Status	Time
PRNT	Pass	8:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Robeson Instrument Location BAT Mobile	unit 5
Instrumen	Serial No. 008826 St. Pauls Pi	>
TI	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox E	EC/IR II (Enhanced with
serial num	er 10,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of p breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade	ressure, or the alcoholic;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	or the alcoholic breath Breath Simulator tests
were perfe	tion the 3rd day of February, 20 21 the forgoing preventive remed on the instrument indicated above, in accordance with current regulations of the N.C. Services, and the instrument is functioning properly.	naintenance procedures C. Department of Health
PART OF THE PART O	CAROLLE AND	. &4
All and ONN		rtificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Date: 02/03/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	7:45pm 7:46pm 7:47pm 7:47pm 7:48pm 7:49pm
SUB TEST	.00	7:50pm
AIR BLK	.00	7:51pm
	1	

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8498
Test Date: 02/03/2024 Test Time: 7:52pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:52pm
FLO	Pass	7:52pm
FC	Pass	7:52pm

Temperature Tests

Test Status Time	
FC1 Pass 7:52p	m
SRC Pass 7:52p	m
DET Pass 7:52p	m
BAR Pass 7:52p	m
BT Pass 7:52p	

Blank Tests

Test	Status	Time
AIR	Pass	7:53pm

Printer Tests

PRNT	Pass	7:53pm

Status Time

CRC Tests

Test	Status	Time
COMP	Pass	7:53pm
CAL	Pass	7:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Robeson Instrument Location BAT 1	Mobile Unit 5
Instrument Seri	al No. 008826 Fairmon	it PD
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degrees	nch (psi) of pressure, or the alcoholic ee centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12: whichever occurs first.	
I certify that on the 16th day of February, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
SIAIL OF ME STATE	Separate Carolina Car	
TARIL 12 1776 PLOP QUAM VIDEN		684
	Signature of Certifying Official	Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Date: 02/16/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	7:29pm
AIR BLK	.00	7:30pm
ACCY CHK	.07	7:31pm
AIR BLK	.00	7:32pm
SUB TEST	.00	7:32pm
AIR BLK	.00	7:33pm
SUB TEST	.00	7:35pm
AIR BLK	.00	7:36pm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8501 Test Date: 02/16/2024 Test Time: 7:36pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:37pm
FLO	Pass	7:37pm
FC	Pass	7:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:37pm
SRC	Pass	7:37pm
DET	Pass	7:37pm
BAR	Pass	7:37pm
BT	Pass	7:37pm

Blank Tests

Test	Status	Time
AIR	Pass	7:38pm

Printer Tests

rest	Status	TIME
PRNT	Pass	7:38pm

CRC Tests

Test	Status	Time	
COMP	Pass	7:38pm	
CAL	Pass	7:38pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Coanty	obeson Instrument Location BAT Mobile Unit 5
Instrument Seri	al No. 00 8826 Limberton PD
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 29th day of February, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	
AS GRAM VIDER	Signature of Certifying Official Certificate Number
	Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Date: 02/29/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	9:08pm
AIR BLK	.00	9:09pm
ACCY CHK	.07	9:10pm
AIR BLK	.00	9:10pm
SUB TEST	.00	9:11pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:14pm
AIR BLK	.00	9:14pm

Reported AC:

9/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8505 Test Date: 02/29/2024 Test Time: 9:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:15pm
FLO	Pass	9:15pm
FC	Pass	9:15pm

Temperature Tests

Status	Time
Pass	9:15pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	9:16pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:16pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	9:16pm	
CAL	Pass	9:16pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Ruc	KINGHAM Instrument Location EDEN POLICE
Instrument Serial	NO. 00 8636 DEPARTMENT
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed and Human Servi	the 5 day of FEBRUARY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 02/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAC	Dagg	11.25

DIAG	Pass	11:35am
AIR BLK	.00	11:36am
ACCY CHK	.08	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Shemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 2616
Test Date: 02/05/2024 Test Time: 11:43am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:44am
FLO	Pass	11:44am
FC	Pass	11:44am

Temperature Tests

Test	Status	Time
FC1	Pass	11:44am
SRC	Pass	11:44am
DET	Pass	11:44am
BAR	Pass	11:44am
BT	Pass	11:44am

Blank Tests

Test	Status	Time
AIR	Pass	11:45am

Printer Tests

Test	Status	Time
PRNT	Pass	11:45am
	CRC Tests	

Test	Test	Status	tus Time	
COMP	Pass	11:45am		
CAL	Pass	11:45am		

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County Rock	SINGHAM Instrument Location REIDSUILLE POLICE
		NO 008784 DEPARTMENT
		untenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 100 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed o	e 5 TH day of FEBRUARY, 20 24 the forgoing preventive maintenance procedures in the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	Sam	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 02/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:07am 10:08am 10:08am 10:09am
SUB TEST AIR BLK	.00	10:10am 10:11am
SUB TEST	.00	10:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1488
Test Date: 02/05/2024 Test Time: 10:14am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:14am 10:14am
FC	Pass	10:14am

Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
BT	Pass	10:14am

Blank Tests

Test	Status	Time
AIR	Pass	10:15am

Printer Tests

Test	Status	Time
PRNT	Pass	10:15am
	CRC Tests	

Test	Status	Time	
COMP	Pass	10:15am	
CAL	Pass	10:15am	

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Ru	therford Instrument Location Forest City Police Oppt.
Instrument Se	rial No. 008889 Forest City, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	SART CARD
ALCO GRAW MORE	127 1668
	Signature of Certifying Official Certificate Number
A signed origina	al of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 02/08/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	9:54am
AIR BLK	.00	9:55am
ACCY CHK	.07	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:57am
AIR BLK	.00	9:59am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 1125 Test Date: 02/08/2024 Test Time: 10:01am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:02am
FLO	Pass	10:02am
FC	Pass	10:02am

Temperature Tests

Test	Status	Time
FC1	Pass	10:02am
SRC	Pass	10:02am
DET	Pass	10:02am
BAR	Pass	10:02am
BT	Pass	10:02am

Blank Tests

Status	Time
Pass	10:02am

Printer Tests

Test	Status	Time
PRNT	Pass	10:02am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:03am
CAL	Pass	10:03am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Rot	Instrument Location Rother Ford County Jail
Instrument Ser	ial No. 008914 Rutherfordton, NC
-	
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE PRINTED PRINT	
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Date: 02/08/2024

Citation Number: M000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:51am
AIR BLK	.00	11:52am
ACCY CHK	.08	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Record Number: 2720 Test Date: 02/08/2024 Test Time: 11:59am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:00pm
FLO	Pass	12:00pm
FC	Pass	12:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAR	Pass	12:00pm
BT	Pass	12:00pm

Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:01pm 12:01pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

(1) V b (2) V (3) In (4) E (5) V (6) V (7) V (8) P (9) R (10) V si w	tenance procedures for the or higher) to be followed	at least once every four ter displays at least 51 p er shows 34 degrees, plu	tox EC/IR II and Mod months are:	el Intox EC/IR II (Enhanced with (psi) of pressure, or the alcoholic
(1) V b (2) V (3) In (4) E (5) V (6) V (7) V (8) P (9) R (10) V si w	or higher) to be followed erify the ethanol gas canis eath simulator thermomet erify instrument displays t itiate breath test sequence	at least once every four ter displays at least 51 p er shows 34 degrees, plu	months are: ounds per square inch	(psi) of pressure, or the alcoholic
(2) V (3) In (4) E (5) V (6) V (7) V (8) P (9) R (10) V si	eath simulator thermometerify instrument displays to itiate breath test sequence	er shows 34 degrees, plu	ounds per square inch is or minus .2 degree co	(psi) of pressure, or the alcoholic entigrade;
(3) In (4) E (5) V (6) V (7) V (8) P (9) R (10) V si w	itiate breath test sequence	ime and date;		
(4) E (5) V (6) V (7) V (8) P (9) R (10) V si				
(5) V (6) V (7) V (8) P (9) R (10) V si	nter information or necess	•		
(6) V (7) V (8) P (9) R (10) V si	ner mormation as promp	ted;		
(7) V (8) P (9) R (10) V si	erify instrument accuracy;			
(8) P (9) R (10) V si	hen "PLEASE BLOW" ap	ppears, collect breath sar	nple;	
(9) R (10) V si w	hen "PLEASE BLOW" ap	ppears, collect breath sai	nple;	
(10) V si w	int test record;			
si w	un diagnostic program and	I confirm preventive ma	intenance status of "Pa	iss"; and
ac deve	erify that the ethanol ga mulator solution is being nichever occurs first.	s canister is being cha changed every four n	anged before expiration on the or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests
ere performed on t	day of FEBI ne instrument indicated at and the instrument is fund	ove, in accordance wit	24 the forgoing pre h current regulations o	eventive maintenance procedure of the N.C. Department of Healt

A signed original of the preventive maintenance record shall be kept on file for at least three years.

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Date: 02/20/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 0014-6279 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:55am
AIR BLK	.00	8:56am
ACCY CHK	.08	8:56am
AIR BLK	.00	8:58am
SUB TEST	.00	8:58am
AIR BLK	.00	8:59am
SUB TEST	.00	9:01am
AIR BLK	.00	9:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Record Number: 3660 Test Date: 02/20/2024 Test Time: 9:03am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:03am
FLO	Pass	9:03am
FC	Pass	9:03am

Temperature Tests

Test	Status	Time
FC1	Pass	9:04am
SRC	Pass	9:04am
DET	Pass	9:04am
BAR	Pass	9:04am
BT	Pass	9:04am

Blank Tests

Test	Status	Time
AIR	Pass	9:04am

Printer Tests

Test	Status	Time
PRNT	Pass	9:04am
	CRC Tests	
Test	Status	Time

	Time
COMP Pass	9:04am
CAL Pass	9:04am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	maintenance procedures for the Intoximeters, Model Ir 0,000 or higher) to be followed at least once every four	ntox EC/IR II and Model In months are:	ntox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 per breath simulator thermometer shows 34 degrees, play	oounds per square inch (psi us or minus .2 degree centi) of pressure, or the alcoholic grade;
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sa	mple;	
(7)	When "PLEASE BLOW" appears, collect breath sa	mple;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive ma	intenance status of "Pass";	and
(10)	Verify that the ethanol gas canister is being chasimulator solution is being changed every four multichever occurs first.		
ere performed	the <u>20</u> day of <u>FEBRUARY</u> , 20_1 on the instrument indicated above, in accordance with vices, and the instrument is functioning properly.	24 the forgoing preven h current regulations of th	tive maintenance procedure ne N.C. Department of Healt

A signed original of the preventive maintenance record shall be kept on file for at least three years.

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Date: 02/20/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:47am
AIR BLK	.00	8:48am
ACCY CHK	.08	8:48am
AIR BLK	.00	8:50am
SUB TEST	.00	8:50am
AIR BLK	.00	8:51am
SUB TEST	.00	8:53am
AIR BLK	- 0.0	8:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Record Number: 4149
Test Date: 02/20/2024 Test Time: 8:55am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:55am
FLO	Pass	8:55am
FC	Pass	8:56am

Temperature Tests

Test	Status	Time
FC1	Pass	8:56am
SRC	Pass	8:56am
DET	Pass	8:56am
BAR	Pass	8:56am
BT	Pass	8:56am

Blank Tests

AIR Pass 8	est Status	Time
	IR Pass	8:56am

Printer Tests

rest	Status	Time
PRNT	Pass	8:56am
	CDC m	

CRC Tests

COMP Pass	8:57am
CAL Pass	8:57am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Serial No. CORRIT I (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the S day of Research and theman Services, and the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official Certificate Number	County Sta	Instrument Location Stanley Country Sco
serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the Saday of Passanot Alcoholic Breath Simulator tests, whichever occurs first.	Instrument Serial	No. 008824 ALBEMARIE L
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the S day of S day	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the S day of FERSIANS , 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	(2)	Verify instrument displays time and date;
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the OS day of OS	(3)	Initiate breath test sequence;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the S day of Republic Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the Instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	(4)	Enter information as prompted;
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(5)	Verify instrument accuracy;
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on theOS_ day ofFORD	(6)	When "PLEASE BLOW" appears, collect breath sample;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(7)	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the OS day of PRODUCT, 2074 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on theOS_ day ofFORCE	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	(10)	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
	were performed o	n the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
	STATE	
	STATE OF THE PARTY	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Date: 02/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG212403 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:03pm 1:04pm 1:05pm 1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Record Number: 2100

Test Time: 1:11pm EST Test Date: 02/05/2024

System Check: Passed

Baseline Tests

	Time
Pass	1:11pm
	1:11pm 1:11pm
	Status Pass Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	1:11pm
SRC	Pass	1:11pm
DET	Pass	1:11pm
BAR	Pass	1:11pm
BT	Pass	1:11pm

Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:12pm

CAL Pass 1:12pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County S 12	Instrument Location Stanker Course 80
	INO. 608842 AURENABLE NE
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the OS day of TERRONDO , 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
SANTE ON STATE ON STA	AN CAROLINA CONTRACTOR OF THE CAROLINA CONTRACTO
TO QUAM VIDOL	Din Solome LAL
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

STANLY COUNTY SHERIFFS OFFICE 830

Serial Number: 008842 Test Date: 02/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Tina S
Permit Number: 0027-4970
Effective:
07/01/2022-07/01/2024

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	12:39pm 12:39pm 12:40pm 12:41pm 12:42pm 12:43pm 12:45pm 12:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STANLY COUNTY SHERIFFS OFFICE 830

Serial Number: 008842 Test Date: 02/05/2024

Test Record Number: 2936 Test Time: 12:46pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:47pm
FLO	Pass	12:47pm
FC	Pass	12:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

Blank Tests

Test	Status	Time
AIR	Pass	12:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:48pm

Preventive Maintenance Status: Pass

Pass

12:48pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	STOKES Instrument Location STOKES COUNTY JAIL
Instrument Ser	ial No. 00 8596 DANBURY, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 5 day of FERRUARY, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 02/05/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lat. Wombarr. 20202001

Lot Number: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	1:55r

	DIAG	Pass	1:55pm
AIR BLK .00 1:57pm SUB TEST .00 1:58pm AIR BLK .00 1:59pm SUB TEST .00 2:00pm	AIR BLK	.00	1:56pm
SUB TEST .00 1:58pm AIR BLK .00 1:59pm SUB TEST .00 2:00pm	ACCY CHK	.07	1:56pm
AIR BLK .00 1:59pm SUB TEST .00 2:00pm	AIR BLK	.00	
SUB TEST .00 2:00pm	SUB TEST	.00	1:58pm
	AIR BLK	.00	
AIR BLK .00 2:01pm	SUB TEST	.00	2:00pm
	AIR BLK	.00	2:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY STOKES COUNTY JAIL 840

Test Record Number: 1435 Serial Number: 008596 Test Time: 2:02pm EST Test Date: 02/05/2024

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:02pm 2:02pm
FC	Pass	2:03pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:03pm 2:03pm
DET	Pass	2:03pm
BAR	Pass	2:03pm
BT	Pass	2:03pm

Blank Tests

Test	Status	Time
AIR	Pass	2:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:03pm

Preventive Maintenance Status: Pass

Pass

CAL

2:03pm

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County5	TOKES Instrument Location KING POLICE
Instrument Serial 1	No. 008718 Instrument Location KING POLICE DEPARTMENT
The preventive ma serial number 10,0	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on th were performed o and Human Service	e 5 day of FFBRUARY, 2024 the forgoing preventive maintenance procedures in the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

STOKES COUNTY KING PD 840

Serial Number: 008718 Test Date: 02/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	3:52pm 3:53pm 3:54pm 3:55pm 3:56pm
AIR BLK SUB TEST	.00	3:57pm 3:58pm
AIR BLK	.00	3:59pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

STOKES COUNTY KING PD 840

Serial Number: 008718 Test Record Number: 2362
Test Date: 02/05/2024 Test Time: 4:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:00pm 4:00pm
FC	Pass	4:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:00pm
SRC	Pass	4:00pm
DET	Pass	4:00pm
BAR	Pass	4:00pm
BT	Pass	4:00pm

Blank Tests

Test	Status	Time
AIR	Pass	4:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:01pm

Preventive Maintenance Status: Pass

Pass

4:01pm

CAL

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	No. 008938 POLICE DEPARTMENT
Instrument Serial	NO. 008938 POLICE DEPARTMENT
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on t were performed and Human Serv	he day of FEBRUA124, 2024 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healtices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 02/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	3:09pm 3:10pm 3:11pm 3:13pm 3:13pm 3:14pm 3:16pm 3:17pm

Reported AC: .00 g/210L

Signature of Skemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 844
Test Date: 02/05/2024 Test Time: 3:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:18pm 3:18pm
FC	Pass	3:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:18pm
SRC	Pass	3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
BT	Pass	3:18pm

Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:19pm

Preventive Maintenance Status: Pass

Pass

3:19pm

CAL

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Instrument Location Swain Co Jail
Instrument Ser	ial No. 008723 Bryson City, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	the day of
STATE ON THE STATE OF THE STATE	
QUAM VIDER	Signature of Cartier 635
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 02/21/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R Permit Number: 0084-3310

Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:49pm 1:50pm 1:51pm 1:52pm 1:53pm 1:54pm
AIR BLK	.00	1:55pm 1:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Orif R. Cuther Analyst

SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 887
Test Date: 02/21/2024 Test Time: 2:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:01pm
FLO	Pass	2:01pm
FC	Pass	2:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:01pm
SRC	Pass	2:01pm
DET	Pass	2:01pm
BAR	Pass	2:01pm
BT	Pass	2:01pm

Blank Tests

Status	Time
Pass	2:01pm
	Status Pass

Printer Tests

Test	Status	Time
PRNT	Pass	2:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:02pm 2:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_	wain Instrument Location Swain County Jail
Instrument Se	rial No. 008727 Bryson City, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the day of
APPLE STATE OF THE	
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 02/21/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	1:47pm 1:48pm 1:49pm 1:50pm 1:51pm 1:53pm
AIR BLK	.00	1.54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1635
Test Date: 02/21/2024 Test Time: 1:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
BT	Pass	1:55pm

Blank Tests

ass 1	:56pm
	ass 1

Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:56pm 1:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Instrument Location Cherokee Tribo	1 Deten
Instrument Ser		
The preventive serial number 1	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR rr 10,000 or higher) to be followed at least once every four months are:	II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressur breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	e, or the alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	alcoholic breath Simulator tests,
I certify that on t were performed and Human Serv	n the day of, 20 the forgoing preventive maintenance of the instrument indicated above, in accordance with current regulations of the N.C. Departures, and the instrument is functioning properly.	ance procedures
STATE OF THE STATE	Carl R. Cuth 635	
	Signature of Certifying Official Certificate	Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 02/20/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	2:05pm 2:06pm 2:06pm 2:08pm 2:08pm 2:09pm 2:11pm
AIR BLK	.00	2:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1523
Test Date: 02/20/2024 Test Time: 2:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:13pm
FLO	Pass	2:13pm
FC	Pass	2:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:13pm
SRC	Pass	2:13pm
DET	Pass	2:13pm
BAR	Pass	2:13pm
BT	Pass	2:13pm

Blank Tests

Test	Status	Time
AIR	Pass	2:14pm
D		

Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:14pm 2:14pm

Preventive Maintenance Status: Pass

of R. Cuth

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Se	rial No OOGIAO
motiument ge	rial No. 008609 Instrument Location Transylvania County Jail Brevard, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that on ere performed nd Human Ser	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE ON 20, US	SAN CARD TO THE PART OF THE PA
The state of the s	1008

DHHS 4080 (04/20)

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 02/06/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:37am
ACCY CHK	.07	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	-00	10:40am
SUB TEST	.00	10:42am
AIR BLK	-00	10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 1190 Test Date: 02/06/2024 Test Time: 10:43am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	10:43am 10:43am
rC	Pass	10:43am

Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

Printer Tests

PRNT Pass	10:44am
CRC Tests	
Test Status	Time

COMP Pass 10:44am CAL Pass 10:44am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

nourament Sorr	al No. <u>OO 8 8 2 0</u>	Brevard	NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Moo 0,000 or higher) to be followed at least once every	del Intox EC/IR II and Model Into four months are:	x EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least breath simulator thermometer shows 34 degree	t 51 pounds per square inch (psi) o s, plus or minus .2 degree centigra	of pressure, or the alcoholic
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect brea	th sample;	
(7)	When "PLEASE BLOW" appears, collect brea	th sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive	e maintenance status of "Pass"; ar	nd
(10)	Verify that the ethanol gas canister is being simulator solution is being changed every for whichever occurs first.	g changed before expiration date our months or after 125 Alcohol	e, or the alcoholic breath ic Breath Simulator tests,
certify that on vere performed and Human Serv	the day of on the instrument indicated above, in accordance vices, and the instrument is functioning properly.	, 20 <u>24</u> the forgoing preventive with current regulations of the N	e maintenance procedures N.C. Department of Health
		0	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 02/06/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:38am
ACCY CHK	.07	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analys

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 1664
Test Date: 02/06/2024 Test Time: 10:44am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:44am
FLO	Pass	10:44am
FC	Pass	10:44am

Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:45am
CAL	Pass	10:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the <u>Ith</u> day of <u>February</u> , 20 24 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

TRANSYLVANIA COUNTY BAT MOBILE UNIT 2 870

> Serial Number: 008970 Test Date: 02/16/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T

Permit Number: 0067-5960

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	7:48pm
AIR BLK	.00	7:49pm
ACCY CHK	.08	7:50pm
AIR BLK	.00	7:51pm
SUB TEST	.00	7:51pm
AIR BLK	.00	7:52pm
SUB TEST	.00	7:54pm
AIR BLK	.00	7:55pm

Reported AC

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY BAT MOBILE UNIT 2 870

Serial Number: 008970 Test Record Number: 1070 Test Date: 02/16/2024 Test Time: 7:58pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:59pm
FLO	Pass	7:59pm
FC	Pass	7:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:59pm
SRC	Pass	7:59pm
DET	Pass	7:59pm
BAR	Pass	7:59pm
BT	Pass	7:59pm

Blank Tests

Test	Status	Time
AIR	Pass	mq00:8

Printer Tests

Test	Status	Time
PRNT	Pass	8:00pm
	CRC Tests	
Test	Status	Time

COMP	Pass	8:00pm
CAL	Pass	8:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Instrument Location Tyrrell (6. S.O.
Instrument	Serial No. 008902 412 Main St., Columbia, W.
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with er 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that were performed Human	t on the day of February, 2024 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly.
AND STAR OF THE ST	The plan
was.	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 02/02/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D
Permit Number: 0037-7722
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG212403 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:32am 10:32am 10:33am 10:34am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:38am
ATR BLK	.00	10:39am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 1160 Test Date: 02/02/2024 Test Time: 10:41am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:42am

Temperature Tests

Test	Status	Time
FC1	Pass	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
BT	Pass	10:42am

Blank Tests

Test	Status	Time	
AIR	Pass	10:42am	

Printer Tests

PRNT Pass 10:42am	Test	Status	Time
	PRNT	Pass	10:42am

CRC Tests

Test	Status	Time
COMP	Pass	10:43am
CAL	Pass	10:43am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Instrument Location Stallings PD
Instrument Serial	No.0087094 Stallings, NC
The preventive maserial number 10,0	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the were performed or and Human Servic	the instrument indicated above, in accordance with current regulations of the N.C. Department of Healthes, and the instrument is functioning properly.

Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

UNION COUNTY STALLINGS PD 890

Serial Number: 008694 Test Date: 02/23/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE
Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845

Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG212403 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	10:14am 10:15am 10:16am 10:17am 10:18am 10:18am 10:20am 10:21am
AIK DDV	.00	10.21 and

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

UNION COUNTY STALLINGS PD 890

Serial Number: 008694 Test Record Number: 1797
Test Date: 02/23/2024 Test Time: 10:21am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:22am 10:22am
FC	Pass	10:22am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:22am 10:22am
DET	Pass	10:22am
BAR BT	Pass Pass	10:22am 10:22am
BT	Pass	10:22a

Blank Tests

Test	Status	Time
AIR	Pass	10:23am

Printer Tests

Test	Status	Time
PRNT	Pass	10:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:23am

10:23am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County W	Instrument Location CARY PD
Instrument Seri	al No.008587 120 Wilkerson Ave CARY, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoho breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were performed	the
STATE OF	SO THE CARD
QUAM VILLE	Signature of Certifying Official Contificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 02/19/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	9:58am
AIR BLK	.00	9:59am
ACCY CHK	.07	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:03am
ATR BLK	0.0	10.04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sum Ades Breeze Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 5207 Test Date: 02/19/2024 Test Time: 10:04am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:05am
FC	Pass	10:05am

Temperature Tests

Test	Status	Time
FC1	Pass	10:05am
SRC	Pass	10:05am
DET	Pass	10:05am
BAR	Pass	10:05am
BT	Pass	10:05am

Blank Tests

Test	Status	Time
AIR	Pass	10:06am

Printer Tests

Test	Status	Time
PRNT	Pass	10:06am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:06am

Preventive Maintenance Status: Pass

Pass

10:06am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the 2 day of 4 day	Thom	may antista	a maintanance procedures for the Intoximeters, Model Intox FC/IR II and Model Intox F	C/IR II (Enhanced with
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the 20 day of 400 for the alcoholic breath sample; (2) The carry of the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	serial	number 1	10,000 or higher) to be followed at least once every four months are:	
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the 20 day of 500 cannot yet the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health		(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of p breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	ressure, or the alcoholic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the		(2)	Verify instrument displays time and date;	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the		(3)	Initiate breath test sequence;	
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the		(4)	Enter information as prompted;	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the		(5)	Verify instrument accuracy;	
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the		(6)	When "PLEASE BLOW" appears, collect breath sample;	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the		(7)	When "PLEASE BLOW" appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the		(8)	Print test record;	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the		(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt		(10)	simulator solution is being changed every four months or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests,
The state of the s	were	performe	ed on the instrument indicated above, in accordance with current regulations of the N.	maintenance procedures C. Department of Health
	8			
	W 10. 11			

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY APEX PD

Serial Number: 008621 Test Date: 02/20/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	10:46am
AIR BLK	.00	10:46am
ACCY CHK	.08	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:49am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sum Ades Eseus Analyst

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 3571 Test Date: 02/20/2024 Test Time: 10:55am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:55am
FLO	Pass	10:55am
FC	Pass	10:55am

Temperature Tests

Test	Status	Time
FC1	Pass	10:55am
SRC	Pass	10:55am
DET	Pass	10:55am
BAR	Pass	10:55am
BT	Pass	10:55am

Blank Tests

Test	Status	Time
AIR	Pass	10:56am

Printer Tests

Test	Status	Time
PRNT	Pass	10:56am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:56am

CAL Pass 10:56am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_WA	
Instrument Ser	ial No. 008623 5228 GREEN'S DAIRY Pd RALEIGH, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 13 day of FEBRUARY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
SE QUAM VICES	5A5 MY 671
The same of the sa	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 02/13/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:02am 10:03am 10:04am 10:05am
AIR BLK	.00	10:06am
SUB TEST	.00	10:08am
AIR BLK	.00	10:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 4792 Test Date: 02/13/2024 Test Time: 10:09am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:10am
FLO	Pass	10:10am
FC	Pass	10:10am

Temperature Tests

Test	Status	Time
FC1	Pass	10:10am
SRC	Pass	10:10am
DET	Pass	10:10am
BAR	Pass	10:10am
BT	Pass	10:10am

Blank Tests

Test	Status	Time	
AIR	Pass	10:11am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:11am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:11am
CAL	Pass	10:11am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County WAKE	
Instrument Serial No.	008651 879 STEEPLE SOUARE Ct.
The preventive maint serial number 10,000	enance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with or higher) to be followed at least once every four months are:
(1) Ve	erify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic eath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2) Ve	erify instrument displays time and date;
(3) Ini	itiate breath test sequence;
(4) En	ater information as prompted;
(5) Ve	erify instrument accuracy;
(6) W	hen "PLEASE BLOW" appears, collect breath sample;
(7) W	hen "PLEASE BLOW" appears, collect breath sample;
(8) Pr	int test record;
(9) Ru	an diagnostic program and confirm preventive maintenance status of "Pass"; and
sin	erify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath nulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, nichever occurs first.
I certify that on thewere performed on the and Human Services,	day of FERNARY, 20 24 the forgoing preventive maintenance procedures are instrument indicated above, in accordance with current regulations of the N.C. Department of Health and the instrument is functioning properly.
ARE GLAM VICES	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008651 Test Date: 02/26/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Bryant, Earl A Permit Number: 0017-9707 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:50am 11:51am 11:52am 11:53am 11:54am 11:54am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

Reported AC: .00 g/210L

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008651 Test Record Number: 1679

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:58am 11:58am
FC	Pass	11:58am

Temperature Tests

Test	Status	Time
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

Blank Tests

Test	Status	Time	
AIR	Pass	11:59am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:59am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:59am 11:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Cou	inty W	Take Instrument Location Wake Go Dafan from Cra	
Inst	rument Se	erial No. 008651 Instrument Location WAKE Go Dafan Fun Crassial No. 008651 Balanch AC Remaintenance procedures for the Intoximeters Model Letter FOUR Management of the Intoximeters Management of the Intoxi	
-		RALOIGH, WC	
The seria	preventival number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (E 10,000 or higher) to be followed at least once every four months are:	nhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	the alcoholic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcolar simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	holic breath ulator tests,
I cert were and F	ify that on performed Iuman Ser	the 12 day of 2, 2024 the forgoing preventive maintenance do not the instrument indicated above, in accordance with current regulations of the N.C. Department vices, and the instrument is functioning properly.	procedures nt of Health
TE GREAT S. T.	THE STATE OF	TO THE PART OF THE	
St.	SE QUAM VILENT	Sum Stokes Smis 66	2
		Signature of Certifying Official Certificate Num	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008651 Test Date: 02/12/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	2:25pm
AIR BLK	.00	2:26pm
ACCY CHK	.08	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008651 Test Record Number: 1660 Test Date: 02/12/2024 Test Time: 2:32pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:32pm 2:32pm
FC	Pass	2:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:33pm
SRC	Pass	2:33pm
DET	Pass	2:33pm
BAR	Pass	2:33pm
BT	Pass	2:33pm

Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:33pm 2:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County WA	KE Instrument Location WAKE FOREST PD
Instrument Ser	vial No. 008700 225 S. TAY/OR ST WAKE FOREST, NC
	WAKE FOREST, NC
The preventive serial number 1	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the
STATE OF STA	To a second seco
THE GLAM VIDEN	671
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 02/09/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	3:12pm 3:13pm 3:14pm 3:15pm 3:15pm 3:16pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 2327

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:20pm
FLO	Pass	3:20pm
FC	Pass	3:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:20pm
SRC	Pass	3:20pm
DET	Pass	3:20pm
BAR	Pass	3:20pm
BT	Pass	3:20pm

Blank Tests

Test	Status	Time
AIR	Pass	3:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County (A)A	
Instrument Seri	ANO. 008838 879 STEEPLE SQUENE CT
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the
THE STATE OF THE S	Stored 1071
The state of the s	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838 Test Date: 02/09/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	4:20pm 4:21pm 4:21pm 4:22pm 4:23pm 4:24pm
SUB TEST	.00	4:25pm
AIR BLK	.00	4:26pm

Reported AC: .00 g/210L

Signature of ghemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services

WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838 Test Record Number: 2649

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:27pm
FLO	Pass	4:27pm
FC	Pass	4:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:27pm
SRC	Pass	4:27pm
DET	Pass	4:27pm
BAR	Pass	4:27pm
BT	Pass	4:27pm

Blank Tests

Test	Status	Time	
AIR	Pass	4:28pm	

Printer Tests

Test	Status	Time
PRNT	Pass	4:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and

MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	1 Ke Instrument Location RALEIGH PD NortheasT DIST	
Instrument Seria	RALEIGH NO.	
·	RALEIGH, NE	
The preventive reserval number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 0,000 or higher) to be followed at least once every four months are:	with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcobreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	holic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic l simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	oreath tests
I certify that on were performed and Human Ser	the day of	edure: Healtl
STATE OF THE STATE	AGE LANGE CONTRACTOR OF THE PARTY OF THE PAR	
WI MILE		

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY NORTHEAST DIST 910

Serial Number: 008839 Test Date: 02/09/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	2:32pm
AIR BLK	.00	2:32pm
ACCY CHK	.07	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY NORTHEAST DIST 910

Serial Number: 008839 Test Record Number: 2724
Test Date: 02/09/2024 Test Time: 2:38pm EST

System Check: Passed

Baseline Tests

Status	Time
Pass	2:39pm
Pass	2:39pm
Pass	2:39pm
	Pass Pass

Temperature Tests

Status	Time
Pass	2:39pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

Printer Tests

Status	Time
Pass	2:40pm
CRC Tests	
Status	Time
Pass Pass	2:40pm 2:40pm
	Pass CRC Tests Status Pass

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wa	Instrument Location Wake County
Instrument Seria	al No. 008863 Detention Center
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
	the day of day o
THE STATE OF THE PERSON TO LIVE STATE OF THE PERSON TO LIV	18 AL
444	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008863 Test Date: 02/25/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:15am
AIR BLK	.00	11:15am
ACCY CHK	.07	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
ATR BLK	0.0	11 · 21 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008863 Test Record Number: 980 Test Date: 02/25/2024 Test Time: 11:21am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:22am
FLO	Pass	11:22am
FC	Pass	11:22am

Temperature Tests

Test	Status	Time
FC1	Pass	11:22am
SRC	Pass	11:22am
DET	Pass	11:22am
BAR	Pass	11:22am
BT	Pass	11:22am

Blank Tests

Test	Status	Time
AIR	Pass	11:23am

Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:23am
CAL	Pass	11:23am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Instrument Location Walle (only Defention Gra
Instrument Se	rial No. <u>008924</u> 3301 A	HAMMAND RIS
	Palorgh.	NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II 10,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per squbreath simulator thermometer shows 34 degrees, plus or minus .2	uare inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance state	us of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or afte whichever occurs first.	expiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
	day of	oing preventive maintenance procedures lations of the N.C. Department of Health
O TO STATE OF THE	To the state of th	
GEAM VILEN	Sum Holles Dans	662
	Signature of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Date: 02/12/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: PTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	2:18pm
AIR BLK	.00	2:19pm
ACCY CHK	.08	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Record Number: 1888
Test Date: 02/12/2024 Test Time: 2:25pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

Blank Tests

Test	Status	Time
AIR	Pagg	2.27nm

Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:27pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instance of C	Instrument Location WHEREN CO. CEC
Instrument Ser	VARRENTON, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
A TOP CRIAM VIDE	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008738 Test Date: 02/08/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Bryant, Earl A Permit Number: 0017-9707 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	4:04pm 4:05pm 4:06pm 4:07pm 4:07pm 4:09pm
SUB TEST	.00	4:10pm
AIR BLK	.00	4:11pm
		I

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services

Rev. 12/2007

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008738

Test Record Number: 1337

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:12pm
FLO	Pass	4:12pm
FC	Pass	4:12pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	4:12pm 4:12pm 4:12pm 4:12pm 4:12pm

Blank Tests

Test	Status	Time	
AIR	Pass	4:13pm	

Printer Tests

Test	Status	Time
PRNT	Pass	4:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Count	y WAR	REN Instrument Location WARREN Co. LEC
Instru	ment Serial	No. Q08793 128 PAFTERS LANE WARRENTON, NC
The preservation	reventive m number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certif were p and Hu	y that on the performed of uman Service	day of
STATE GREAT SEA	APPILL 12 TOTAL	
4	The same of the sa	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 02/22/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Bryant, Earl A Permit Number: 0017-9707 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK	Pass	2:07pm 2:08pm
ACCY CHK	.08	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 2118 Test Date: 02/22/2024 Test Time: 2:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:15pm 2:15pm 2:15pm 2:15pm 2:15pm
BT	Pass	2:15pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:16pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:16pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wa	tauga Instrument Location Boone PD
Instrument Serial	No. 008592 Instrument Location Boone PD Boone, NC
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	ne 2 day of February, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
STATE OF THE PERSON OF THE PER	649
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WATAUGA COUNTY BOONE P D 940

Serial Number: 008592 Test Date: 02/02/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J
Permit Number: 0018-4401
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00 .00 .00	3:22pm 3:23pm 3:24pm 3:25pm 3:25pm 3:25pm 3:27pm
AIR BLK	.00	3:28pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY BOONE P D 940

Serial Number: 008592 Test Record Number: 514 Test Date: 02/02/2024 Test Time: 3:29pm EST Test Record Number: 5147

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:30pm
FLO	Pass	3:30pm
FC	Pass	3:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:30pm
SRC	Pass	3:30pm
DET	Pass	3:30pm
BAR	Pass	3:30pm
BT	Pass	3:30pm

Blank Tests

Test	Status	Time
AIR	Pass	3:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:31pm

CRC Tests

Test	Status	Time
COMP	Pass	3:31pm
CAL	Pass	3:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Ub	Instrument	t Location Seymo	ur Johnson AFB
Instrument Seri	al No. <u>008786</u>	1010 Ve	what Garison St., Goldsbors, A
The preventive serial number 1	maintenance procedures for the Intoximeter 0,000 or higher) to be followed at least once	rs, Model Intox EC/IR II a	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays breath simulator thermometer shows 34	at least 51 pounds per squ degrees, plus or minus .2 o	are inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument displays time and date	e;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, colle	ect breath sample;	
(7)	When "PLEASE BLOW" appears, colle	ect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm pro	eventive maintenance state	us of "Pass"; and
(10)	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	is being changed before every four months or after	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
I certify that or were performe and Human Se	day of February d on the instrument indicated above, in accrevices, and the instrument is functioning pro	ordance with current regi	oing preventive maintenance procedures alations of the N.C. Department of Health
STATE OF STA	TO SERVICE STATE OF THE SERVIC		
THE QUAN VIEW	They P. K	La	643
	Sighature of	Certifying Official	Certificate Number
A signed origi	nal of the preventive maintenance record sk	all hadrant and Glade and	

DHHS 4080 (04/20)

WAYNĘ COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 02/22/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D
Permit Number: 0037-7722
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	1:20pm 1:21pm 1:21pm 1:22pm 1:24pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 450 Test Date: 02/22/2024 Test Time: 1:28pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

Blank Tests

Test	Status	Time	
AIR	Pass	1:30pm	

Pı	rinter Test	ts
Test	Status	Time
PRNT	Pass	1:30pm
1	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:30pm

Preventive Maintenance Status: Pass

Analyst